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9 MAY 1986

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT

EPIDEMIOLOGY

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BANGLADESH

PEOPLE NEED INSTRUCTION IN FIGHTING TUBERCULOSIS

Dhaka THE NEW NATION in English 12 Mar 86 p 5

[Editorial: "... of Tuberculosis"]

[Text] Tuberculosis still remains one of the most dreaded diseases in countries like Bangladesh where lack of proper treatment facility coupled with shortage of proteinous food always raises the chance of fatality to a proportion much higher than it necessarily should have been in a different situation. The spread of this curable disease cannot be effectively resisted also because of the total absence of a testing system to find out patients at a very early stage of the disease. The common people, on the other hand, are yet to be fully aware of the danger they live with; and they do not see a doctor unless the disease has considerably aggravated. This was confirmed by a report published in a leading Bangla daily on Monday last. Referring to statistics the report says that the germ of tuberculosis is found in 40 percent of the people of Bakergonj Upazila and in eight other upazilas of the district the figure is 19 percent.

This shocking revelation comes at a time when the world on the one hand, aims to bring health for all by the year 2000, and on the other, the UNICEF has just cut its programme of financing the campaign against the disease treatment. In this situation one can only imagine the treatment facilities and food the patient will enjoy at different tuberculosis clinics and hospitals in future.

A massive programme like eradicating the disease from the country cannot be carried out without the help from international bodies such as WHO or UNICEF. Given this condition, we would like to remind the authority concerned that a true picture of the disease published in time may persuade those international agencies to consider again that after all tuberculosis continues to be a menace to mankind and there was no need to call off the fight against it.

However, alongside this we have to pull as much of our internal resources as possible because the way the disease is spreading points to the need of waging war on it at home first. If we cannot provide proper treatment to the diseased, we can at least let them know how they must not infect people coming into their close contact. And this certainly is one of the best ways of combating this disease.

/12851
CSO: 5450/0128

BELIZE

BROAD GOVERNMENT IMMUNIZATION PROGRAM UNDER WAY

District Campaigns

Belize City THE REPORTER in English 9 Mar 86 p 10

[Excerpt] Starting next Tuesday, March 11 the Ministry of Health will begin an ambitious week-long campaign in Corozal to reach all young children of the district to immunize them against Polio, Measels, Diptheria, Whooping Cough and Tetanus.

The campaign calls for each child to receive three doses of Pilio vaccine. At this time they will also be vaccinated against Measels. Children who have not been vaccinated against Diptheria, Whooping Cough and Tetanus will also get protection against these. The vaccines against Polio and Measels will be administered to each child, whether that child has had previous protection or not.

Children who have been vaccinated against Diptheria, Tetanus, etc. will not need to have these again if they can show proof of that they have been protected.

The Ministry of Health has organized a task force to carry out the massive vaccination campaign, which will begin in Corozal at 8 a.m. The Ministry has set itself a target of reaching 90 percent of all the children.

[In its 23 March issue, THE REPORTER announces Ministry of Health plans for the Stann Creek District: "During the first week of April the Ministry of Health will be continuing its campaign to protect babies and small children from Polio and Measles, Whooping Cough, Tetanus and Diptheria in the Stann Creek District. All babies three months and older and all children under the age of five are expected to get this protection. Parents and guardians are required to take their children to be immunized."

[On 6 April, page 4, the paper reports on the program for the Toledo District slated for the second week of April.]

Plea for Sanitation

Belize City THE REPORTER in English 6 Apr 86 p 2

[Editorial]

[Text]

PUBLIC RESPONSE to the country-wide immunization campaign to protect babies and young children against Measles, Whooping Cough, Tetanus, Diphtheria and Poliomylitis has been good beyond expectations.

During two weeks of March and the first week of April immunization health teams have combed through three districts, visiting 152 communities including such nooks and crannies as Arenal, Plantain Sucker, Young Gal, Ring Tail and Sarawee. Next week the teams will be going south, to the Toledo District, where there are 37 remote communities, some of them approachable only by water.

There is evidence that the Government, with help from UNICEF, proposes to do a lot more. Under an agreement signed in San Salvador last week by Health Minister Aragon, Belize will participate in a Central American putch involving an overall budget of $30 million over a five year period. The plan calls for better controls over sanitation and the causes of diarrhoea and respiratory infections, immunization and good eating and living habits.

This is a good programme and badly needed. But it could be greatly enhanced if we, the people of Belize, were to do something about sanitation in the old capital.

People still throw their garbage and unwanted stuff in the streets, in the drains and in the canals without a twinge of conscience. Periodic clean-up campaigns organized by the City Council and other civic bodies have done nothing to change living habits. Rats and roaches and house flies abound in an environment where one untidy yard is sufficient to contaminate a whole block.

It is going to be difficult to get all people of Belize City to clean up their yards, especially in those areas where many buildings occupy a single, unfenced area. But it should be possible for us to make immediate headway in the clean-up of our streets, our drains and canals.

The canals are essential for drainage. They can be covered up, or better still, replaced with large culverts, but only at a high cost. In the meanwhile, we have to live with open canals as part of the price we pay for clinging to Belize City.

We need strong health laws and strict enforcement if we are to keep the canals and drains that empty into them clean. This is not going to be a popular task, but it is essential for better health. All of us recognize this one fact.

We believe that there is simply too much political pressure on the Belize City Council to allow it to carry out a strict enforcement policy. So maybe we need a Statutory Health Authority, charged with the important mission of enforcing the Health and Sanitation laws and keeping these important waterways clean and free-flowing. It might take ten years, but once Belizeans understand that the Health Laws are binding on each individual, we will see a marked improvement in how our city looks and behaves.

/9274
CSO: 5440/069

CANADA

AIDS TEST, COUNTERMEASURES, INCIDENCE DISCUSSED

New Quebec Test

Ottawa THE CITIZEN in English 7 Apr 86 p A3

[Text]

TORONTO (CP) — A new test to determine whether people are likely to develop AIDS is faster, cheaper, more accurate and easier to administer than other methods, says the institute that created it.

Medical researchers and government experts also describe the test, called immunofluorescence assay, as a major advance in the quick and cost-effective detection of anti-bodies to the HTLV-III virus, which causes acquired immunodeficiency syndrome.

It was developed at the Institut Armand Frapper, a research and manufacturing centre outside Montreal, by Dr. Jean-Marie Dupuy, director of the immunology department. The centre is expected to announce that the test is commercially available this week.

The test, which determines if a person has antibodies to the virus in his or her blood, has two important advantages, the institute says. Patients showing symptoms of the disease can be diagnosed and treated more quickly if they are infected — and reassured if they are not.

It will also make Canada's blood supply safer, experts say. Since the test is more accurate than current methods, it will more effectively screen out infected blood offered by donation.

The test, which will cost $8 a patient, gives researchers easily understood visible confirmation: a slide of the patient's blood cells will glow bright green in areas that have been exposed to the HTLV-III virus.

The cost compares to $130 a patient for a Western blot, the "gold standard" considered essential to confirm initial screening tests.

The new test can be used in virtually any laboratory and gives results within hours, the institute says.

The research centre considers the test sufficiently accurate, particularly in cases of patients in high-risk groups such as hemophiliacs, homosexuals and intravenous drug users, that it can supplant use of one or both of the two current methods, the Elisa test and Western blot.

Dupuy estimated the Canadian market for the new product is 50,000 to 200,000 tests annually. In the United States, it is as many as 500,000 a year.

Dupuy said the institute is negotiating with a major U.S. manufacturer about the possibility of entering the American market.

Research Fund Raising Committee

Toronto THE GLOBE AND MAIL in English 8 Apr 86 p A5

[Text]

MONTREAL

A committee of medical researchers from across the country was established yesterday to find financing for AIDS research. "There is very little money and there are no big commitments from the federal and provincial governments," said Michel Roy, president of the Foundation for Research for Immuno-Deficiency Syndrome Quebec Inc. "That's why we have to go ahead with fund-raising." Mr. Roy, a television commercial producer, said the group wants to raise $1-million in the next year to establish a clinic to study the deadly virus. So far, there have been 529 reported cases and 257 of the victims have died. No cure is known and most AIDS patients die within two years of diagnosis. AIDS is transmitted through sexual contact and contaminated blood.

Slowing Growth Rate

Toronto THE TORONTO STAR in English 9 Apr 86 p A18

[Text]

OTTAWA (CP) — Precautions taken by male homosexuals appear to be working, as the growth rate of AIDS in Canada slows, federal health officials say.

But now they are starting to worry about the potential for bisexual males and female prostitutes spreading the deadly virus of acquired immune deficiency syndrome.

The number of cases of AIDS now is doubling every 11 or 12 months rather than every 6 months, says Dr. Alastair Clayton, head of the federal government's Laboratory Centre for Disease Control and a member of the national advisory committee on AIDS.

Similar trends have been noted in the United States, Clayton said in an interview yesterday. The number of cases of AIDS in the large homosexual population of San Francisco appears to be reaching a plateau.

"So there are early indications that in the male homosexual society, preventive measures, lifestyle modifications, are taking effect," Clayton said. "It's very encouraging."

He said male homosexuals have become more discriminating in their choice of sexual partners and are more apt to use condoms to reduce the chance of spreading AIDS.

The concern now is finding ways to promote the same kind of preventive measures among male bisexuals and female prostitutes.

Bisexual males could have normal heterosexual family lives at home and engage in indiscriminate homosexual liaisons on the road, Clayton said. This makes it unlikely that they would publicize their sexual habits or be active members of homosexuals' organizations that have been in touch with experts on AIDS.

AIDS is a condition caused by a virus that destroys the body's natural ability to fight infection.

Admission of Overestimation

Ottawa THE WEEKEND CITIZEN in English 5 Apr 86 p A3

[Text]

TORONTO (CP) — Health and Welfare Canada has overestimated the number of Canadians who will develop AIDS by as much as 10 times, a leading Canadian statistician says.

Dr. Alastair Clayton, director general of Health and Welfare Canada's Laboratory Centre for Disease Control, said last September that if current trends continued, more than 20,000 Canadians would contract AIDS by 1990. No cure or vaccine has been discovered for the viral disease, which destroys the ability of the body's immune system to fight off disease.

However, Dr. Ian MacNeill, an internationally recognized statistician from the University of Western Ontario, estimates that slightly more than 2,000 Canadians — one-tenth of the government's estimate — will develop AIDS by the end of the decade.

Federal health officials acknowledge they have known their estimates were wrong for about five months. But neither they nor spokesmen for Health Minister Jake Epp, who is out of the country, could explain Friday why the public has not been informed that the AIDS picture is not as bleak as first portrayed.

The government is expected to release a more accurate estimate of cases in Canada of acquired immunodeficiency syndrome within a week or two.

Using Health and Welfare data, MacNeill said the rate at which new AIDS cases are being reported is already starting to slow down and may be reaching a plateau.

"The LCDC forecasts are breathtaking," said MacNeill, an expert in time-series analysis and forecasts.

Clayton said in an interview Friday that his first estimates of more than 20,000 AIDS cases by 1990 and a later estimate of 14,000 "were very, very crude." He added that "no one should take them seriously."

Manitoba Cases

Toronto THE GLOBE AND MAIL in English 3 Apr 86 p A4

[Text]

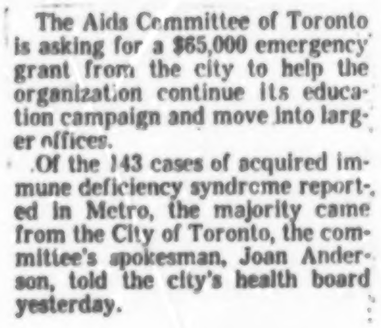
WINNIPEG

Three Manitoba men have been confirmed as having AIDS and at least 14 more people in the province have been exposed to the deadly virus, a spokesman for the Sexually Transmitted Disease Control Section says. Pat Matusko said the latest confirmations mean a total of four Manitobans have contracted acquired immune deficiency syndrome since it was discovered in the province nine months ago. One of the victims died on Dec. 20. More than 100 people in the province have had themselves tested for the AIDS antibody since December. Of these, 14, including men, women and children, have tested positively. A positive test does not necessarily mean a person has AIDS.

Education Grant Needed

Toronto THE TORONTO STAR in English 9 Apr 86 p A6

[Text]



The Aids Committee of Toronto is asking for a $65,000 emergency grant from the city to help the organization continue its education campaign and move into larger offices.

Of the 143 cases of acquired immune deficiency syndrome reported in Metro, the majority came from the City of Toronto, the committee's spokesman, Joan Anderson, told the city's health board yesterday.

/9317
CSO: 5420/65

CANADA

DIARRHEA OUTBREAK HITS 37 AT LONDON CHRONIC CARE HOSPITAL

Toronto THE TORONTO STAR in English 7 Apr 86 p A2

[Article by Paula Adamick]

[Text]

LONDON, Ont. — An outbreak of diarrhea has struck 37 patients and staff at a London chronic care hospital in the past few days, London's medical health officer said yesterday.

Twenty-four of 59 patients at Grace Villa Hospital in downtown London have been hit with what appears to be stomach flu, said Dr. Doug Pudden, but none are seriously ill.

Thirteen staff members have also been affected by the diarrhea outbreak.

"The outbreak has slowed down considerably and most of those affected are quite well," Pudden said. "There are really no seriously ill patients."

Isolation units have been set up at the hospital and visitors are being discouraged from coming, Pudden said.

Patients will not be discharged until the illness has run its course.

Pudden said that although the cause of the disease has not been pinpointed, he thinks it was most likely caused by a virus passed by personal contact.

The 59 patients at the 60-bed private hospital are between the ages of 65 and over 100.

The outbreak is the second to hit the city in the past week. Extendicare London was hit by an outbreak of gastrointestinal flu that affected four residents on Good Friday, sending one to hospital. That outbreak was declared over early last week.

Last fall, Extendicare London was hit by a deadly bacterial outbreak which killed 19 residents.

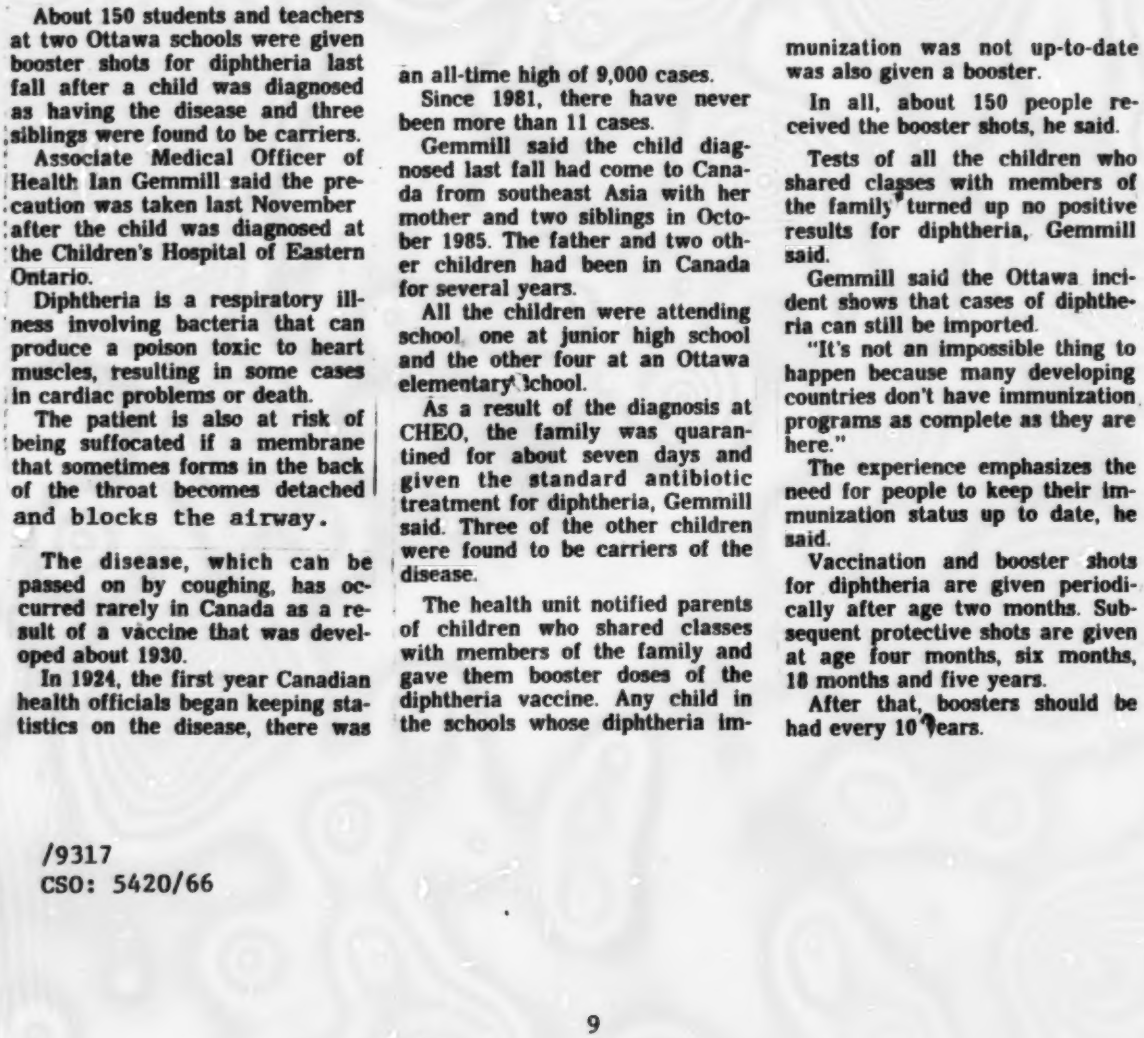
/9317
CSO: 5420/66

CANADA

DIPHTHERIA DIAGNOSED IN SOUTHEAST ASIAN CHILD IN OTTAWA

Ottawa THE CITIZEN in English 4 Apr 86 p A13

[Text]



About 150 students and teachers at two Ottawa schools were given booster shots for diphtheria last fall after a child was diagnosed as having the disease and three siblings were found to be carriers.

Associate Medical Officer of Health Ian Gemmill said the precaution was taken last November after the child was diagnosed at the Children's Hospital of Eastern Ontario.

Diphtheria is a respiratory illness involving bacteria that can produce a poison toxic to heart muscles, resulting in some cases in cardiac problems or death.

The patient is also at risk of being suffocated if a membrane that sometimes forms in the back of the throat becomes detached and blocks the airway.

The disease, which can be passed on by coughing, has occurred rarely in Canada as a result of a vaccine that was developed about 1930.

In 1924, the first year Canadian health officials began keeping statistics on the disease, there was an all-time high of 9,000 cases.

Since 1981, there have never been more than 11 cases.

Gemmill said the child diagnosed last fall had come to Canada from southeast Asia with her mother and two siblings in October 1985. The father and two other children had been in Canada for several years.

All the children were attending school, one at junior high school and the other four at an Ottawa elementary school.

As a result of the diagnosis at CHEO, the family was quarantined for about seven days and given the standard antibiotic treatment for diphtheria, Gemmill said. Three of the other children were found to be carriers of the disease.

The health unit notified parents of children who shared classes with members of the family and gave them booster doses of the diphtheria vaccine. Any child in the schools whose diphtheria immunization was not up-to-date was also given a booster.

In all, about 150 people received the booster shots, he said.

Tests of all the children who shared classes with members of the family turned up no positive results for diphtheria, Gemmill said.

Gemmill said the Ottawa incident shows that cases of diphtheria can still be imported.

"It's not an impossible thing to happen because many developing countries don't have immunization programs as complete as they are here."

The experience emphasizes the need for people to keep their immunization status up to date, he said.

Vaccination and booster shots for diphtheria are given periodically after age two months. Subsequent protective shots are given at age four months, six months, 18 months and five years.

After that, boosters should be had every 10 years.

/9317
CSO: 5420/66

CANADA

POST-POLIO SYNDROME APPEARS 30 YEARS LATER

Vancouver THE SUN in English 27 Mar 86 p B1

[Text]

TORONTO — More than 30 years after thousands of Canadians were stricken with polio during a North American epidemic, a large number of survivors are experiencing what appears to be a recurrence of symptoms.

The affected survivors — most of whom were children or teenagers during the 1950s outbreak of polio or infantile paralysis — are complaining of a renewed weakening of muscles, fatigue, morning headaches and serious lung problems after years of being symptom-free, says Dr. Roger Goldstein, director of respiratory medicine at West Park Hospital in Toronto.

"Over the last few years, some patients who had polio are showing new symptoms, with a reduction in strength and endurance of affected muscles and unaffected muscles," he told about 200 health-care workers attending a Lung Association seminar Wednesday.

The "post polio syndrome" appears to have affected about 20 per cent of survivors, said Goldstein, but there is no evidence the muscle-weakening and other symptoms are caused by a resurgence of a latent form of the polio virus in the body.

More than likely, they are caused by a combination of the natural aging process and overworking of muscles already debilitated by the disease, he said.

Polio survivors at risk of developing fresh symptoms are those who contracted the crippling viral disease after age five, spent time on an artificial breathing apparatus, suffered paralysis and underwent years of rigorous rehabilitation.

/9317
CSO: 5420/66

CANADA

DENTAL HEALTH PROMOTION CAMPAIGN AIMED AT ELDERLY

Toronto THE TORONTO STAR in English 9 Apr 86 p A6

[Article by Laurie Monsebraaten]

[Text]

Toronto is set to become the first city in North America to launch a dental health promotion campaign for seniors living on their own.

The multi-media promotion and education blitz slated for the last week of June is just part of what Toronto health officials are calling "a major commitment by the city to improve dental health among its 68,000 elderly."

The campaign, unveiled at the city's health board yesterday, will cost the city about $20,000. The Canadian Dental Association is expected to contribute an additional $30,000 to $60,000 to the effort.

"More than half of the seniors living in the community haven't been to the dentist in the last five years," said Jack Lee, the city's dental adviser.

"The message we want them to get is that just because you're 60, it doesn't mean you should lose teeth."

The Toronto Mayor's Committee on Aging was "delighted" with the scheme.

"For my generation and those that came before me, dental care was not a priority," said committee member Amy Thompson.

A city-run dental referral service will help seniors get affordable care, Lee said.

In addition to the week-long dental health promotion, the board approved a daily oral hygiene plan for seniors living in nursing homes, homes for the aged and chronic care hospitals.

A complete geriatric dental program should include education, regular checkups, two annual oral hygiene sessions, denture identification and cleaning and referrals for treatment if necessary.

This program would cost about $150,000 a year, he said.

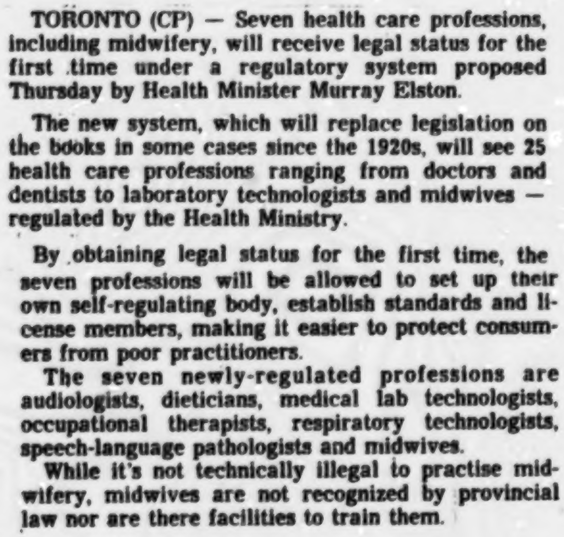
/9317
CSO: 5420/66

CANADA

SEVEN HEALTH-CARE PROFESSIONS TO GAIN LEGAL STATUS

Ottawa THE CITIZEN in English 4 Apr 86 p A5

[Text]



TORONTO (CP) — Seven health care professions, including midwifery, will receive legal status for the first time under a regulatory system proposed Thursday by Health Minister Murray Elston.

The new system, which will replace legislation on the books in some cases since the 1920s, will see 25 health care professions ranging from doctors and dentists to laboratory technologists and midwives — regulated by the Health Ministry.

By obtaining legal status for the first time, the seven professions will be allowed to set up their own self-regulating body, establish standards and license members, making it easier to protect consumers from poor practitioners.

The seven newly-regulated professions are audiologists, dieticians, medical lab technologists, occupational therapists, respiratory technologists, speech-language pathologists and midwives.

While it's not technically illegal to practise midwifery, midwives are not recognized by provincial law nor are there facilities to train them.

/9317
CSO: 5420/66

BRIEFS

VACCINES FOR BRAZIL--Connaught Laboratories Ltd of Toronto has a contract from the Government of Brazil to supply 28 million doses of DPT (diphtheria/pertussis/tetanus) vaccine and 15 million doses of TT (tetanus toxoid) this year. The quantities are expected to be sufficient to immunize all Brazilian children against these three major diseases. The contract brings to more than 63 million the number of vaccines doses ordered this year from Connaught by various Latin American companies. [Text] [Toronto THE GLOBE AND MAIL in English 10 Apr 86 p B2] /9317

CSO: 5420/66

HONG KONG

BRIEFS

AIDS SPENDING--About $4.5 million has been spent on the treatment and prevention of AIDS during the past eight months. This was disclosed yesterday by the Director of Medical and Health, Dr K. L. Thong. An extra $1,896,000 will be allocated to finance the Acquired Immune Deficiency Syndrome (AIDS) virus screening programme for donated blood run by the Hongkong Red Cross Blood Transfusion Service for 1985-86. The request for supplementary provision was approved by the Finance Committee yesterday. Last month, the committee approved a provision of $25,221,000 for the AIDS virus screening programme. But the Red Cross Blood Transfusion Service now estimates that total expenditure will amount to $27,117,000 taking into account the revised cost of blood collection and distribution services, and the latest cost of the screening programme. [Excerpts] [Hong Kong SOUTH CHINA MORNING POST in English 8 Mar 86 p 10 & 13 Mar 86 p 14] /12851

POLIO IMMUNIZATION--Polio, a disease which kills up to 50,000 children worldwide each year, may be eradicated by the 1990s, announced Rotary International at a press conference yesterday. Rotary International started a programme in Hongkong to promote and assist polio immunisation of children last year. At first, they set a target date of 2005 for immunising children worldwide, but with the tremendous success achieved, the date has been put forward. A district governor of Rotary International, Mr Nuno Jorge, said the organisation first started the project in the Philippines. Its success there prompted the group to extend the programme to all countries that need help. Polio is well under control in advanced countries but it still poses a threat in developing countries. According to statistics, some 75 million children worldwide are not protected against polio. The disease kills up to 50,000 children each year. At least one child out of every 200 born in the developing world is doomed to be crippled by polio. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 20 Mar 86 p 5] /12851

DECLINE IN TB--The number of tuberculosis cases in Hongkong has continued to decline over the past year, according to the Director of Medical and Health Department, Dr K. L. Thong. Speaking at the Annual General Meeting of the Hongkong Tuberculosis, Chest and Heart Diseases Association, Dr Thong -- who is the president -- said new notifications of tuberculosis dropped to 7,545 in 1985 from 7,843 the previous year. The notification rate had declined correspondingly from 146.2 to 139.1 per 100,000 people. Deaths from tuberculosis also continued to fall -- from 420 in 1984 to 409 in 1985. The death rate dropped from 7.8 to 7.5 per 100,000 people. He said 184 cases of silicosis -- a lung disease due to inhalation of silica -- were reported in 1985 boosting the total number of cases reported to 2,801. [Excerpts] [Hong Kong SOUTH CHINA MORNING POST in English 25 Mar 86 p 2] /12851

CSO: 5440/071

BRIEFS

ANTI-AIDS CAMPAIGN INITIATED--The Ministry of Health has organised a series of workshops for its personnel who will be used in a campaign to create awareness on the Acquired Immunity Deficiency Syndrome (AIDS). And the first of such workshops was held in Embu for health personnel from Eastern province. Addressing the participants, the chief nursing officer, Mrs E.N. Ngugi, said her ministry recognised that AIDS and AIDS virus infections were occurring in the country and that the potential effects of the disease could be disastrous. Mrs Ngugi told the workshop that the ministry had made available money to develop an AIDS control programme. She disclosed that a national advisory committee on AIDS to facilitate research and control of the AIDS had been set up. She further said the ministry had produced a policy paper aimed at information guiding and directing health workers on diagnostic management and control of the killer disease. The chief nursing officer said the document outlined a national programme for AIDS. [Text] [Nairobi THE KENYA TIMES in English 4 Apr 86 p 3] /9317

CSO: 5400/110

MALAYSIA

PENANG AUTHORITIES ON HEPATITIS ALERT

Penang THE STAR in English 4 Apr 86 p 3

[Text]

PENANG, Thurs. — Health authorities in Penang have been placed on the alert following an outbreak of hepatitis in the State a week ago.

State Medical and Health Services Director Dr Lim Keow Kheng said that although the disease had not reached epidemic proportions, the authorities were seriously concerned over the rising number of cases.

Twelve people mostly schoolchildren had so far been hit by the infectious virus, she said.

The Medical and Health Services Department was working closely with the State Education Department to check the spread of the disease among schoolchildren.

Dr Lim urged schoolchildren not to frequent stalls or eat unhygienic food.

She said that since the outbreak of the disease, 51 hawkers had been charged in court for health offences and were fined a total of $6,640.

She advised the people against eating cockles and food from unlicensed stalls or drinking water that had not been boiled first. — Bernama

/9274
CSO: 5400/4364

MALAYSIA

MAJOR DENGUE OUTBREAK EXPECTED IN JULY

Penang THE STAR in English 5 Apr 86 p 9

[Text]

KUALA LUMPUR, Fri. — A major outbreak of dengue fever is expected to hit the peninsula probably in July and August, according to a professor.

Prof. S.K. Lam, director of WHO Collaborating Centre for Arbovirus Reference and Research (dengue fever or DF and dengue haemorrhagic fever or DHF), said a study of the disease showed that a major dengue outbreak occurred every four years.

The last major outbreak was in 1982 (where there were 3,006 reported cases with 35 deaths).

Prof. Lam, who is also head of Universiti Malaya's Microbiology Department, said he expected an outbreak based on the following facts:

- MALAYSIA has not experienced a major outbreak of dengue for four years;
- 1985 had the lowest recorded cases of dengue (354 reported dengue cases, 242 of which were DF and 112 DHF and 11 deaths), resembling the low incidence in 1981, the year before the 1982 peak year;
- THE DF/DHF case fatality rates as well as the DF/DHF ratio for 1985 are high, indicating increasing severity of the disease:

(The case fatality rate in 1985 was 9.82 per cent compared to 9.53 in 1975 and 4.07 in 1982).

- THE number of cases reported towards the end of 1985 has been on the increase and several dengue serotypes have been isolated;
- THE concentration of cases in the peninsula, particularly in the more urban and suburban areas of the West Coast; and
- THE increase in the number of houses breeding *aedes aegypti*.

Prof. Lam said in view of the impending outbreak, there was a need for an aggressive campaign to get the public's co-operation to eradicate breeding places of mosquitoes.

He said deaths caused by DHF could be reduced and even eliminated if it was diagnosed early.

SYMPTOMS

He advised those who suffered from symptoms of DF and DHF — sudden fever, severe headache, pain in the muscles, bones and eyeballs, rash and bleeding from the nose, mouth and body — to seek medical treatment immediately.

"The symptoms are sometimes confused with that of influenza and rubella," he said.

Prof. Lam said the role of the WHO Centre was to monitor the situation in the country and to determine dengue sensitive areas.

"This is achieved with the formation of a sentinel network of general practitioners who supply us with clinical specimens of blood from suspect cases," he said.

He added that methods of specimen collection (using filter paper and capillary tubes which are obtainable free of charge from Prof. Lam) and techniques have been developed. They have proved useful in the current outbreak.

At the same time, he said, the Vector Borne Diseases Control Programme under the Health Ministry aimed to break the chain of transmission of dengue and to control the vectors.

"The programme has been most efficient in responding to cases which have been reported. It also conducts *gotong-royong* projects to get rid of old tyres and other containers to prevent the vectors from breeding, and issues summonses and fines," he said.

WORRYING

Although the Health Ministry should be notified of all dengue cases based on clinical signs and symptoms, said Prof. Lam, some doctors were not doing so.

"About 50 per cent of laboratory confirmed cases are not reported to the Ministry while one-third are reported only after confirmation.

"This worrying trend delays the measures that have to be taken to control the vectors. It is better to over-report than under-report in order to break the chain of transmission," he said.

He suggested that the public should be involved and motivated to help eradicate the breeding places of mosquitoes in the areas where they live.

"Organise projects or competitions among schools for greater awareness of the problem," he said.

He added that water should be stored in containers with tight lids and abates, a larvicide, should be used.

/9274
CSO: 5400/4364

BRIEFS

PROGRAM AGAINST GASTROINTESTINAL INFECTIONS--A program aimed at reducing gastro-intestinal infections was announced by Dr Orlando Perez Teran, of the Ministry of Health's Maternal and Infant Department. He revealed that 10 percent of the registered infant deaths are caused by these illnesses. Regional health offices will be created to monitor the epidemiological state of diarrhea and the deaths resulting from it. The doctor also announced that a permanent public education campaign will be intensified and training provided to health workers and empirical healers. There will also be a campaign to promote public hygiene and community cleanup activities. Health units will be on a state of alert, increasing their hours of public service and giving priority to children suffering from these infections. Close to 20,000 cases of gastro-intestinal illnesses are reported each month, but during the rainy season -- May through November -- this total can be as high as 60,000. A decisive factor in this situation, according to Perez Teran, is the low educational level of the population regarding the importance of hygienic measures. Although the Revolution has launched massive health campaigns throughout the country, the underdevelopment inherited from Somoza is still deeply rooted and the war against the country has limited the resources available for health programs. [Text] [Managua BARRICADA INTERNACIONAL in English 27 Mar 86 p 13] /12851

CSO: 5400/2108

NIGERIA

CHOLERA OUTBREAK REPORTED IN ABUJA

Kano THE TRIUMPH in English 12 Mar 86 p 16

[Text] **THE Health Department in the Federal Capital Territory of Abuja, on Monday confirmed an outbreak of Cholera in parts of the territory.**

A statement signed by a Health Superintendent in the department, Alhaji A. Angulu, noted that cholera had been reported in Zuba as well as in the northern and eastern districts of the territory.

The statement added that the cause of the outbreak had been identified as poor and contaminated drinking water in the affected areas.

Already in Zuba, eight persons had died while 68 others had been referred to Gwagwalada for proper treatment.

The principal medical officer who confirmed the deaths advised all inhabitants of the affected areas to boil all drinking water and to properly wash their hands before eating and after using the toilet.

Meanwhile, the health department is currently involved in efforts to check further spread of cholera in Abuja.

In another development, the capital territory has for the past three days been hit by acute scarcity of water.

A correspondent of the News Agency of Nigeria (NAN) reports that inhabitants of the city roam endlessly in search of water since there are no streams from where they could fetch water.

A reliable source told NAN that the engine at Jabi dam, the only source of water to the city, had broken down.

/13104
CSO: 5400/109

BRIEFS

MOSQUITOES LINKED TO MOUTH CANCER--Some viruses of certain types of mosquitoes have been identified as the major cause of deadly cancer-of-the mouth disease. The disease known as bockett lymphoma in medical circles is a major swelling on the gum of the teeth due to infection and disfigures the face. It is a disease of the tropics and is responsible for most of the facial deformities in children between the ages of two and ten. It sometimes lead to their death. These facts were disclosed exclusively to Sunday Times by Professor J.O. Akinosi - Head of the Department of Oral Surgery at the University of Lagos College of Medicine. [Text] [Lagos SUNDAY TIMES in English 16 Mar 86 p 1] [Article by Dupe Adesioye and Ndubuisi Okwechime] /13104

CSO: 5400/109

PAKISTAN

SURVEY TERMS HEALTH COVERAGE 'INADEQUATE'

Karachi DAWN (Business Supplement) in English 12 Apr 86 pp I, IV

[Article by Zubeida Mustafa]

[Text]

THE PICTURE of the health sector as it emerges from the Federal Bureau of Statistics recently released report bodes ill for the country's economic and social development.

This sector has traditionally been one of the most neglected ones although the state of the people's health has a direct bearing on productivity, economic development and the cost of providing medical cover.

It is patent that the output of a sickly population is low as compared with that of a healthy people — more man-hours are lost because of illness, more people are required to maintain a given level of production and the expendiutre on providing medical cover to the labour force is higher.

The implications of poor health for the social development and the quality of life of a people cannot be discounted either.

The "National Health Survey 1982-83" brings sharply into focus these aspects — that is if one cares to read into the meanings of the statistical tables spread over 158 pages. Since a similar survey on this scale — 11,000 households were covered — has not been conducted before in Pakistan, a comparative assessment is not possible.

It cannot be ascertained if the state of health of the people has improved over the years. The decline in crude death rate does not necessarily imply a lowering in the incidence of disease.

The most important factor to be taken note of is the prevalence of illness among the people. According to WHO, "Health is a state of complete physical, mental and socail well-being and not merely the absence of disease or infirmity."

Deviations from this ideal may be regarded as morbid conditions. They range from minor indisposition causing little intereference with normal activity to the clear-cut case of serious disability.

Accirdubg to the Survey, 17 per cent of the population had suffered from some form of illness during one month prior to the interview. (To minimise the element of variations caused by seasons, the survey was staggered over four quarters). Significantly, morbidity was found to be higher in the rural areas, 18.2 per cent as against 14.3 per cent in the urban centres.

The inadequacy of health cover and poor living conditions in the countryside explain the greater prevalence of illness there. As a result, those sectors of the economy which are rural based, such as agriculture, are more adversely affected by the poor state of health of the people.

One aspect to be noted is the morbidity rate in different age groups. The incidence of illness is higher in people above 50 years of age and in children under four years. What is disturbing from the point of view of the productivity of the labour force is the pattern of morbidity. Good health appears to pick up at the age of 10. But in another 10 years the downward trend begins.

The morbidity rate shows a constant rise from the age of 20 onwards. In fact by the age of 40 it exceeds the national average. It is 19 per cent for the 40-44 years age group and goes up to 29.6 per cent in the 60-64 years bracket — the oldest segment of the labour force. In other words, the health of the labour force peaks out at the age of 20.

Another related factor is the morbidity rate among different professions. Illness is most prevalent in the agricultural and animal husbandry workers — 173.1 per 1000 employed persons. This, of course, is not a very satisfactory state of affairs for a country whose economy depends heavily on agriculture.

Priorities

The healthiest appear to be the clerical workers with a morbidity rate of 94.8 per 1000. The other occupations listed are sales workers 162, service workers 155, professional workers 151, production workers 137 and administrative workers 111 per 1000.

It also emerges clearly from the health survey that the lack of planning and misplaced priorities in the social sectors are making medical faciltiies inaccessible to the people. It is no occasion for self-congratulation for the health planners if the crude death rate has declined and life expectancy has gone up over the years. Simply sustaining life should not be the objective of the government's health policy. The physical and mental well-being of people is equally important.

The high morbidity rate points to the failure of the government to create conditions conducive to healthy living. Two findings of the survey are significant in this context. First, the disease which has the highest incidence is shown to be malaria and other non-specified fevers—41 per cent of all illnesses.

But it hardly needs to be pointed out that effective community health programmes, especially those directed towards promoting public hygiene and preventive medicine, can easily cut down the prevalence of these illnesses.

Secondly, the survey confirms that housing conditions have a direct bearing on the health of the population. People living in "pucca" houses and having access to piped water, gas/biogas/electricity and with flush toilets in their homes are less prone to illnesses than those who live in kuchcha dwellings, obtain water from wells and pumps, use cow dung and wood as fuel and who use closed pits or open spaces for disposal of waste.

The morbidity rates are quite revealing: pucca houses 155/1000 and others 177/1000, piped water 155/1000, wells 178/1000, and others 161/1000, gas, etc. 135/1000, cow dung, wood, etc. 161/1000 and oil 176/1000, flush toilet 142/1000, without flush 146/1000 and closed pit 183/1000.

Given the government's failure to provide adequate housing, potable water and fuel to the majority of the people, the poor state of health of the people is not unexpected.

Facilities

The FBS survey also underlines, in no uncertain terms, the lack of mass-orientation in the health policy. The paucity of government institutions and the high cost of medicare are clearly established.

While only 15 per cent of the people visited government hospitals, dispensaries and health centres, 42 per cent want to private hospitals/clinics 12 per cent to hakims, one per cent to homoeopaths and 15 per cent to compounders. Five per cent took self-medication and three per cent underwent no treatment at all when ill.

Even in the rural areas where private clinics are relatively scarce, 36 per cent went there. Only 16 per cent visited government institutions. The hakims and compounders saw 14 and 17 per cent of the ill people in the rural areas.

This pattern of treatment is explained by the distribution of the medical institutions in rural areas. Only one per cent of the villages surveyed were less than a kilometre from a public hospital and 69 per cent were more than 10 kilometres away.

The rural health centres and the basic health units are also not as widely dispersed as they should have been, the survey reveals. Only 11 per cent of the sample villages were within one kilometre radius of an RHC and 21 per cent villages from a BHU. Thirty-five per cent and 24 per cent are more than 10 kilometres away from an RHC and BHU respectively. But 28 per cent of the sample areas were within one kilometre radius of a private clinic and only 25 per cent were more than 10 kilometres away.

Inequities

This has logically pushed up the cost of treatment. According to the survey a family with a monthly income of less than Rs 300 was spending Rs 17 on health care. A household earning more than Rs 2500 per month spent Rs 168 on treatment. This points to the inequity which has resulted from the government's failure to provide low cost health care to the population.

This inequity is even more pronounced between the rural and urban areas. The lowest income group spent Rs 18 on health, in the villages as compared with Rs 13 in the cities while the medical expenditure of a household in the most affluent group in the rural areas was Rs 211 as against Rs 149 in the urban areas.

Disparities between the provinces are also glaring. Sind is the most expensive province in terms of medicare whereas Baluchistan is the cheapest. It is clear that the growing dependence on the private sector has contributed to these inequities.

/9317
CSO: 5400/4705

PAKISTAN

QUACKERY DESCRIBED, SAID WELL INSTITUTED IN SOCIETY

Karachi DAWN Magazine in English 11 Apr 86 pp I, IV

[Article by Nafisa Hoodbhoy]

[Text]

We found the quack sitting in his clinic. A middle-aged respectable looking man, he rose and invited us in graciously when the doctor with me pretended to be a patient. "Doctor, I have a cough and get phlegm in the mornings," he sputtered to the quack, who proceeded to unbutton his shirt and listen intently with a stethescope.

In a few minutes, the quack had written the prescription and handed over the remedy: tetracyclin (an anti-biotic with sideeffects such as the permanent staining of teeth, lowering of defence mechanisms and allergic reactions) and home-made Benadryl — a mixture of sherbet and water.

The "doctor" then advised the "patient" to drink cold water and avoid rice. He asked for Rs 20 as fee, settling for Rs 10 when the real doctor said he didn't have that much of money.

The team of three doctors and myself who set out quack hunting found the menace most prevalent in the low-income areas of Karachi — where poverty and ignorance are rife.

Driving on the dirt roads, we passed quack clinics with Dr so and so on the name plates — but without an MBBS after the names. A "doctor" had "Med. Pract." written after his name. Another had, however, gone all the way to mention his medical degrees, including a Professional and Linguistic Assessment Board (PLAB) entrance examination! (The test is merely on English language and asks some questions on the profession).

In Lyari, we stopped to see a quack who had been running a clinic for over six years and was distantly known to a member of our team. He was a dark, bulky man getting on in his 40's. The doctors with me identified themselves. Instinctively, the quack was on the defensive.

On our query he said he saw 50 to 70 patients per day, charging Rs seven from adults and Rs five from children.

"But all the income is spent on buying medicines," he said with a sigh. (We pretended we had not noticed that his cupboards were lined with free drug-samples from pharmaceutical companies).

There was an embarrassing silence when I asked the quack, "Where did you graduate from?" He leaned back, his protruding belly almost touching the desk.

"Chandka Medical College," he replied.

(The CMC had begun graduating its first batch only for the last few years. Our host meanwhile had been practising for well over six years).

Going through the narrow crooked lanes of New Karachi, Mahmoodabad, Drigh Colony, Kumharwala and Orangi, one was reminded of the old nursery rhyme, "Here a quack, there a quack, everywhere a quack quack." Like 'paan' shops, the quack clinics had opened in single rooms, devoid of the barest of clinical facilities.

Investment

A few thousand rupees down payment, a few hundred rupees rent to set up a clinic, and the quack worked hard to recover his investment. In several cases he had the added advantage of inheriting the family clinic, thereby adding to his accumulated wealth.

We came across an established quack, whose clinic had been running for the last 35 years. He was a courteous elderly man with 'Pan'-stained teeth. He had been dispensing allopathic medicines for dysentry, asthma and TB.

The quack told the doctors with me that for TB he gave steptomycin and INH (the former if unmonitored leads to stone deafness, the latter to a numbness of hands and feet). For asthma he prescribed steroids (sideeffects: destruction of the immune system, diabetes and possible hypertension).

He had, however, done well for himself. He lived in a bungalow a 200 home and had sons who were gainfully employed or getting education.

The quack looked a well-meaning person who had worked hard to raise standards for his family. Our target was not to single out individuals. Just looking around one realised that the institution of quackery has taken such root in our society that it would not be solved by the police tearing down a few quack clinics.

Instead, doctors need to organize themselves, the way the quacks have organized to defend their interests. A case in point is the procession quacks recently took out in New Karachi against a newcomer doctor after his patient died. (The doctor claimed he was not to blame because the patient was not removed to hospital despite his instructions). However, the quacks continued to harass him until he was forced to close down his clinic in the area.

Another example of quack unity showed itself in the case of a lady doctor who left her new clinic in Lyari to go abroad for a fortnight. In her absence, the area's quacks told patients she had left for good. Upon her return, the doctor found that female patients had shifted their maternity bookings. Finding difficulty in restarting the clinic, the lady doctor closed the clinic.

However, the obstacles to doctors may just have begun. Working on the same lines as their aggressive counterparts in the Punjab, quacks in Sind are trying to get themselves registered as medical practitioners. By collecting individual donations, the quacks want to form a trade union, which will enable them to practise openly in the province.

Some quacks have adopted other methods. Their children are studying in medical colleges and will in the future run the clinics they innherit. Still others have hired qualified doctors, nurses and technicians to work in their clinics, while they actually run the show.

We visited a clinic of that nature in Mohajir Colony. Who owned the clinic was a moot point. However, a quack (employee of a government hospital) ran the clinic most of the time since the doctor (a former high official of a government hospital) and his wife came only briefly.

Desolation

In the dusty barren surroundings of Mohajir Colony, the clinic looked a picture of desolation. It was not doing well, judging from the fact that it was closed at 4 p.m. No doctor or nurse was willing to work in such out of the way facilities, we found out.

This unwillingness of qualified medical personnel to work in remote areas of Karachi has created a vacuum — filled by quacks. Doctors argue that it is pointless for them to serve in localities where even the barest of clinical facilities are not available. Quacks have no such problem. All they need is a table with a few bottles of sherbet and bright capsules.

Interestingly, some of the lower staff of government hospitals who have picked up the ABC of medicine are running successful quack clinics. Often, residing in the areas they serve, they are practising quackery in Mohajir Colony, Azizabad, Lalukhet, Landhi, Kharadar and Gulshan-i-Iqbal ... to name only a few.

One of the most successful quacks employed in a government hospital runs two full-time clinics and owns two cars — one a recent model. He makes an occasional appearance at his government job to "share a cigarette" and buy medicines for his clinics.

In the long run, however, there are no winners in this game of quackery. The quack, himself a product of poverty and ignorance, is forced to depend on qualified medical care for himself and his families. Or, when a case has been spoiled by a quack, the patiennt is brought to the doctor.

One doctor in a government hospital recalls removing "sixteen maggots of worms" caused by wound infection of a child circumcised in Malir. Doctors here testified to the anatomical damage done when a quack uses "butcher-like techniques" in cutting off the umbilical cord — leading to hernia or in the case of females other complications.

Predictably, the patient's complications arise because the quack does not investigate the disease and uses a blanket method of treating the symptoms.

For instance, a patient suffering from jaundice was recently given a diazepam injection by a quack to treat his symptoms of restlessness. Not only did the injection calm the patient, it put him in hepatic coma for a day. He died within 48 hours of admission to a hospital.

Furthermore, the use of steroids by quacks to treat fever, asthama or TB has a range of negative sideeffects. Firstly, the patient develops resistance to the disease. He may also develop secondary diseases like hypertension, diabetes or bone disorder. Having started out with one disease and ending up with another further prevents him from squarely blaming the quack.

Not only that. The patient's own ignorance frequently leads him to demand what doctors describe as "wonder drugs." A mini-bus driver suffering from high fever who has to drive his mini early in the morning does not want to wait until a doctor tests a drug on him. He turns to the quack for an anti-pyretic injection which kills the fever in an hour. Next day, however, the driver goes around with numb sensations in hands and feet and loses concentration with possible damage to the brain.

If quackery is in effect playing with the lives of the people, why is it flourishing? Multinational pharmaceutical companies and their representatives continue to give free drug samples to quacks, who in turn liberally promote their products. Doctors on the other hand, are more cautious in promoting drugs whose efficacy is not known.

Surely, no government can allow the nation's health to be jeopardised, especially a government which had only a few years ago promulgated an anti-quackery Ordinance. Adding insult to injury, however, a high level health official recently went out of his way to patronise quackery. He inaugurated a Cancer Clinic in Hyderabad, which claims to have found a cure for canncer — which has still not been found in the rest of the world!

The examples I had seen to quackery thriving in remote areas of Karachi can be multiplied several times in the rural areas, where it has become a way of life.

Doctors say, rightly, that if they are asked to serve in pre-historic conditions, without electricity, water or the most minimal facilities, their services become meaningless. The result: quackery flourishes and people perish.

The Pakistan Medical Association, which broadly represents the medical profession, has been consistently urging the government to expand health facilities in the rural areas in order to absorb the "surplus" of qualified doctors and provide the much needed health care to the masses.

At the national level, the PMA and junior doctors' groups have been calling for the enforcement of the anti-quackery ordinance. (An anti-quackery committee formed by PMA, Karachi is still only on paper). They have urged doctors with established clinics to join in the struggle against quackery.

So deep rooted, however, is the menace of quacker that it will not be eradicated without a fundamental shake-up of the health delivery system. It is imperative, though, that the nation be educated about this slow poison.

/9317
CSO: 5400/4705

PAPUA NEW GUINEA

CONJUNCTIVITIS EPIDEMIC REPORTED IN PORT MORESBY

Port Moresby PAPUA NEW GUINEA POST COURIER in English 7 Apr 86 p 1

[Article by Timothy Kwara]

[Text] AN AVERAGE of 10 people are being treated each day in Port Moresby clinics for sore eyes.

The disease known as conjunctivitis is caused by a virus.

Dr Mari Apana, who owns a private clinic in Taurama, said: "It is an epidemic."

But it was difficult to find the cause.

He warned that those affected should stay at home and not walk around in the rain.

Another clinic doctor, Dr Pangatana, said the germs could only be seen by an electronic microscope.

Severe cases could last for two to three weeks while moderate ones could take a week to heal. Mild ones could last for a few days.

Dr Pangatana said 90 per cent of his patients came from the city, the rest came from nearby villages.

"Just like the common cold, the virus causing the infection cannot be stopped," he said.

Another doctor warned people to wash their hands carefully because the disease could be spread by contact. The virus was also believed to be air-borne.

Dr Glen Mola said the only way to prevent the disease was by those affected staying at home.

The symptoms are red, swollen and itchy eyes — as Post-Courier journalist Soldier Buruka experienced last Friday.

"I had sharp pain and tears in my eyes but I drank Aspro which eased the pain," he said.

Many people were also affected by the disease in his village, Tubusereia, Central Province.

/12851
CSO: 5400/4363

PEOPLE'S DEMOCRATIC REPUBLIC OF YEMEN

BRIEFS

CHOLERA, TYPHUS-FREE AREA--An official at the Ministry of Public Health today announced that the PDRY is free of cholera and typhus. This has been established by a field survey, including clinical and laboratory tests, which was carried out by a Health Ministry committee charged with the task following the recent events in the country. No cases have been observed. [Summary] [Aden Domestic Service in Arabic 1500 GMT 15 Mar 86 GF]

/12929
CSO: 5400/512

SWAZILAND

BRIEFS

WARNING AGAINST AIDS--Swazis traveling abroad have been advised to take their own towels and soap, and not use those supplied in hotels because of the danger of AIDS. The warning came on Thursday from Minister of Health Prince Phiwokwakhe, while answering questions in Parliament about the disease. The Minister said that so far no cases of the disease had been reported in the kindgom, but he said cases had been reported in neighbouring countries. He also said that homosexuality, which seemed to be associated with the spread of the disease, was on the increase in Swaziland.--Sapa [Text] [Johannesburg THE STAR in English 29 Mar 86 p 4]
/9317

CSO: 5400/111

TANZANIA

BRIEFS

CHOLERA OUTBREAK IN MARA--Musoma: Eleven residents of Butiama Village, Musoma Rural District, Mara Region, have died of cholera. The assistant medical officer of health at Butiama Health Center, Ndugu Alfred Warioba, has said the dead were among 35 people who contracted the disease since 18 March. Twenty-four patients--4 men and 20 women--were admitted to the health center for treatment. The Mara regional commissioner, Ndugu Augustine Mwingira, has said that a group of doctors and medical personnel from the regional hospital and others from the Shirati Mission Hospital are in the village to fight the disease. [Text] [Dar es Salaam Domestic Service in Swahili 1000 GMT 23 Mar 86 EA] /9599

CSO: 3400/1421

'MAJOR OUTBREAK' OF RABIES REPORTED IN ONTARIO COUNTY

Toronto THE GLOBE AND MAIL in English 1 Apr 86 p A17

[Article by Mark Bourrie]

[Text]

MIDLAND, Ont.

Simcoe County, which has one of the highest rates of rabies in the world, is in the midst of a major outbreak in which dozens of pets have been exposed and rabid wild animals found near homes.

Joel Rumney, a farm veterinarian who practices in three rural townships north of Barrie, said the outbreak is the worst he has seen.

Dr. Rumney said he has destroyed an average of 12 animals each week for several months because they had been exposed to the disease. During the winter, he was called to a farmhouse by a family that had trapped a rabid fox in their living room.

"The chap, who had a heart condition, went to let his dog into the house. The fox was right on his tail. The dog got back out of the house, but the fox kept on going. They called me, and I came and shot it right in their living room. It smelled of skunk and had a face full of porcupine quills," Dr. Rumney said.

Willard Shantz, regional veterinarian for the federal Department of Agriculture, said in an interview that 12 people living in the village of New Lowell, near Barrie, were given anti-rabies shots during the winter after being exposed to a rabid dog.

Rabid foxes have also been found inside Barrie city limits.

Dr. Rumney said rabies has been found in foxes, skunks and, for the first time in many years, raccoons. Pets and farm animals have also been infected.

Last Friday, Dr. Rumney was exposed to a rabid cow and he said he is undergoing tests for the disease.

"It's simplistic to say that all the foxes should be shot. Normally, foxes aren't pests and have an important role to play in the wild. Instead of providing money for research, the provincial Government keeps trying to hush the problem up.

"I see it as a misappropriation of funds for the Ministry of Natural Resources to spend $100,000 to put radio collars on deer, which are plentiful to the point of being a nuisance, to study their population, while not spending more on (rabies) research.

"I don't know what it's going to take for the Ministry of Natural Resources to get involved. Maybe someone is going to have to die, or there has to be a big lawsuit before they become concerned enough to funnel money into research."

Dr. Rumney suggested that municipal councils consider enacting legislation under a new provincial law that allows municipalities to pass bylaws ordering all pets to be vaccinated.

"People come into my office and say their animals never get near wild animals, but a study showed 10 per cent of the bats in this area are rabid. Cats catch bats. And, the case with the fox in the people's house shows that even a dog that stays near the house isn't safe," Dr. Rumney said.

/9317
CSO: 5420/67

INDIA

RINDERPEST EPIDEMIC SPREADS FROM BIHAR TO WEST BENGAL

Calcutta THE TELEGRAPH in English 21 Mar 86 p 6

[Article by Uttam Sengupta]

[Text] Ranchi, March 20: The rinderpest epidemic has spread from the industrial centres of Bihar to West Bengal. While the casualty figure in Bihar is close to 5,000, more than 500 heads of cattle have already died in West Bengal.

Veterinary surgeons here have said there is no cure for the disease and the treatment could only be symptomatic. Mostly high-yielding cows and buffaloes have succumbed to the disease. Since each of these costs on an average around Rs 15,000, the loss in Ranchi alone is estimated to be well over Rs 1 crore.

Nearly 700 heads of cattle have died in Ranchi so far. Other badly-affected areas are Bokaro and Jamshedpur.

Official sources in the animal husbandry department said the Centre had formulated a national rinderpest eradication programme in 1954 and the disease had been totally controlled by the mid-Sixties. This year, however, the epidemic had been totally devastating.

The recent outbreak of the disease was almost certainly due to the smuggling of cattle from across the borders, the sources claimed. Moreover, many cattle-owners refused to use rinderpest vaccines, preferring to hold *yagnas* instead. They have been the hardest hit, the sources said.

Disposal of the rotting carcasses is another problem facing the Ranchi Municipal Corporation. Corporation workers are being prevented from burying the carcasses in the outskirts of the city by the villagers. They are also unable to find persons willing to perform the task.

Some of the dead cattle have been buried in the children's park opposite the headquarters of the Central Coalfields here. The stench, however, continues to pervade the area, indicating that the burial has not been done properly.

/12851
CSO: 5450/0129

ST VINCENT AND THE GRENADINES

BRIEFS

FRUIT FLY STUDY--The Fruit Fly Survey Programme which is being conducted by the Ministry of Trade and Agriculture has been implemented and is progressing satisfactorily. Last week, the trappers were engaged in putting out the McPhail Traps, mainly around the Kingstown area. The trapping will soon be extended to other areas. Thus far, traps put out were serviced and classification of insects made by the Entomologist, Amy Dreves, indicated that no fruit flies have yet been identified. The programme will last for eighteen (18) months after which time, if no fruit flies are present, St Vincent and the Grenadines will achieve a "Pest Free Status" where fruit flies are concerned. This would allow for the exportation of fruits to the United States. The general public has been asked to give full cooperation to allow the smooth running of the programme. [Text] [Kingstown THE VINCENTIAN in English 28 Feb 86 p A] /12851

CSO: 5440/070

MEALYBUG OUTBREAK IN SAMFYA DESTROYS CASSAVA, CAUSES FAMINE

Lusaka TIMES OF ZAMBIA in English 15 Mar 86 p 1

[Text] SAMFYA district has been hit by famine following the outbreak of mealybug pest which has destroyed cassava — the staple food there.

The pest is threatening other parts of Zambia including parts of Northern, Central and Copperbelt provinces.

Already, tracks of cassava fields in Mwense in Luapula have been wiped out although the worst affected was Samfya.

Luapula provincial agricultural officer Mr Jason Sinkamba confirmed this in Mansa yesterday and said the bug crossed into Zambia at Mwense more than six years ago, but it had now spread to Kaputa and Mporokoso in the Northern Province; Serenje in Central and most border towns on the Copperbelt.

Mr Sinkamba said since January, people in Samfya relied on food relief from Government because their fields had been destroyed by the bug.

He blamed the people for ignoring a Government ban on the movement of stems and tubers for the widespread of the pest.

The bug was first spotted at Mwense in 1980 and immediately authorities instituted measures to control its spread through education drive by extension personnel.

But in 1984, the disease had virtually affected most parts of the province when a Mount Makulu Research Station team moved in.

"By then many cassava fields were already devastated beyond control. The situation was more severe in Samfya as it is now".

Mr Sinkamba said with the help of the International Insititute of Tropical Agriculture in Ibadan, Nigeria, who were breeding parasite resistant cultivars (insects) which attacked the bugs, the situation was expected to be brought under control.

So far cultivars were being experimented on two fields in Mansa and Mwense and results had proved very encouraging.

"We have now requested for more of these insects. But for the moment people should avoid moving cassava plants from one area to another".

He said even when the cultivars were introduced from Nigeria or Mt Makulu, it would take many years to repair the damage.

Thirty countries in Africa have been afflicted by the deadly disease. In Zambia, it threatens many people in Luapula, Central and Copperbelt where cassava was staple or partially staple food.

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CSO: 5400/112

END

JPRS-TEP-86-012

29 MAY 1986

Worldwide Report

EPIDEMIOLOGY

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29 MAY 1986

WORLDWIDE REPORT

EPIDEMIOLOGY

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BANGLADESH

BAGERHAT DIAHRREA EPIDEMIC REPORTED SPREADING

Dhaka THE NEW NATION in English 15 Apr 86 p 2

[Text] Diarrhoea that broke out in an epidemic form in last February in the south-eastern part of Bangerhat district comprising Morrelganj, Sarankhola, Rampal and Mongla upazilas has shown a little improvement but it has now spread to new areas of the district.

According to the Civil Surgeon Bagerhat, 7,465 persons were attacked with the disease during the period from February 12 to March 31 and 277 of them died.

Bagerhat Sadar, Kachua, Chitalmari, Mollahat and Fakirhat upazilas are the new areas where diarrhoea spread. In these new areas 706 persons were attacked with the disease and 30 of them died upto March 31, according to the Civil Surgeon.

Measures have already been taken by the concerned department to combat the disease. At present 55 medical teams are working in the affected areas. It is learnt acute scarcity of pure drinking water is attributed to be the main cause of the disease.

It deserves mention that every year diarrhoea breaks out in these areas taking a heavy toll. But no satisfactory measures are taken to arrest the disease by any quarters, it is alleged.

It is gathered that the number of tubewells sunk in these areas are too meagre to cope with the demand. Moreover, more than 800 tubewell have gone out of order, according to the Public Health Engineering Department. But un-official reports put the number of disordered tubewells at more than that.

Besides, due to the salinity, the water of the remaining tubewells is unfit for drinking so that ponds and tanks remain the main source of drinking water in the areas. Hence, the people drink impure water and become the easy victims of the disease.

When contacted, the easy Civil Surgeon of Bagerhat told this correspondent that he would suggest the concerned authority to dig more reserved tanks in those areas to remove the scarcity of pure drinkinking water.

/13104
CSO: 5450/0132

INCIDENCES OF DISEASES PREVALENT IN AMAZON REGION

Rio de Janeiro O GLOBO in Portuguese 10 Apr 86 p 11

[Text] With its area of approximately 4 million square kilometers, Amazonia constitutes a serious public health problem for the country. Geographic size, the hot and humid climate, which favors the appearance of various diseases, transportation difficulties--most traveling is done only on the innumerable rivers that intersect the region--and the large flow of migration over the past few years make Amazonia a special region presenting enormous challenges, chiefly as regards health matters.

Besides malaria, which, chiefly because of the situation resulting from occupation of the land and the gold mining areas, is the region's main health problem, there are also other serious problems. One of them is hansenosis, also known as leprosy, of which there is a high incidence in Amazonia. Besides the stigma that has long been attached to this disease, there are the conditions making it difficult to reach those suffering from hansenosis.

Also existing in Amazonia are diseases which, while not presenting as serious a situation there as they do in other parts of the country, are a matter of concern to the Ministry of Health. One example is schistosomiasis. Measles is another very prevalent disease, although the health control service in the region lacks an accurate system for reporting diseases.

Malaria

The malaria situation has grown considerably more complicated in recent years. It is centered basically in Amazonia, where climatic conditions, combined with settlement patterns in the region, are tremendously favorable to the presence of that endemic disease.

The Amazon Region accounts for 96 percent of all malaria cases in Brazil, and if we include cases detected in other regions but originating in Amazonia, the figure rises to 99 percent. The States of Rondonia and Para alone account for 73 percent of the cases.

In 1985, according to data from the Malaria Division, the number of malaria cases in Legal Amazonia (which, in addition to the states in the North Region, includes the northern areas of the States of Goias and Mato Grosso) totaled 384,603. That figure reflected an increase over 1984, when 365,000 cases were reported. In the State of Rondonia, where the situation is most critical, 113,649 cases were recorded in 1985. In the single municipality of Ariquemes, which is the country's largest producer of cacao, 35,000 cases of malaria were recorded last year, and in 1986 the number of patients is already up to 6,000.

Besides the environmental factors in Amazonia which favor the transmission of malaria, the Superintendency for Public Health Campaigns (SUCAM) is facing serious difficulties, both administrative and operational. One disturbing situation is the danger of importing malaria into other regions, since the mosquito which transmits the disease (Anopheles) exists throughout Brazil. That is why foci of this endemic disease can appear in other regions, to which it is brought by people who contract malaria in Amazonia and then return to their place of origin. That is a difficult situation to control.

Among the other problems related to humans are the living conditions brought about by the large migratory movement into the region, which has resulted in precarious housing. Such conditions contribute to outbreaks of the disease. An example of this is Rondonia, which is affected by the problem of land settlement in connection with migration.

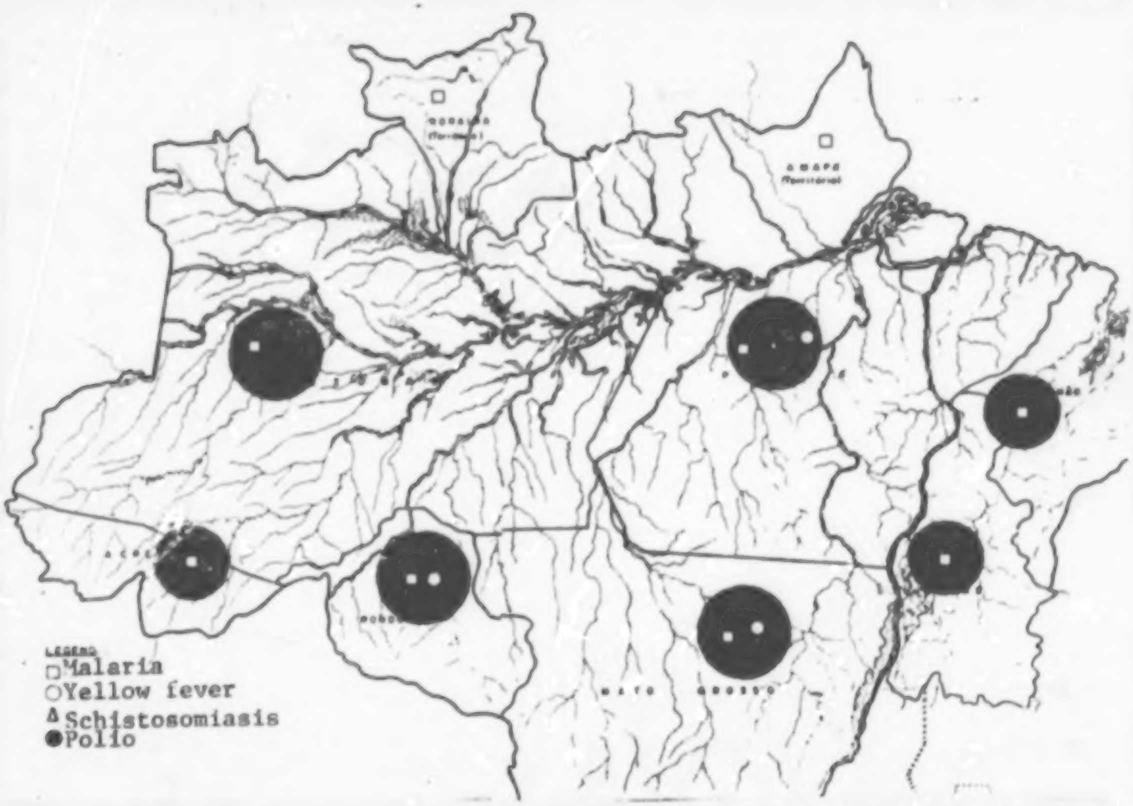
According to Edinaldo Alves Pinheiro, director of SUCAM's Malaria Division, the most serious problem in controlling the disease has to do with the gold fields scattered all over the region, which "have a negative influence on the malaria situation and contribute significantly to the rise in the number of cases of this endemic disease."

Several factors make it difficult to control malaria in the gold fields. Chief among them are the environmental conditions in the prospectors' settlements, followed by the lack of organized health services, the difficulty experienced by SUCAM personnel in subsisting in the gold fields, the large influx of people from areas where there are a great many malaria cases, and the resistance of some people to medication. All those factors combine to create favorable conditions for transmission of the endemic disease and, consequently, its permanent presence in the region.

Concerning the application of insecticide, a measure considered important in controlling the disease, SUCAM's efforts over the past few years have not paid off in the "long-term eradication" area. This is due chiefly to the local type of housing, and the result is that Amazonia continues to play a preponderant role as far as malaria in Brazil and Latin America is concerned.

Yellow Fever

The forests in the Amazon Region and the Center-West are the only place where jungle yellow fever is endemic. They represent the largest area of incidence of that endemic disease on the continent. It is known as jungle yellow fever because the virus lives in animals, but cases of human infection can occur.



This map, showing the distribution of the chief diseases throughout Amazonia, covers Legal Amazonia, which includes Maranhao and part of Goias and Mato Grosso [The names on the map are those of states and territories ("territorio")].

According to data from SUCAM's Yellow Fever Division, 143 cases of the disease have occurred in Brazil since 1979, and over 60 percent of those occurred in states in the North Region.

Vaccination against yellow fever is one of the basic means of controlling the disease. Vaccination must be administered to everyone living in the region as well as persons going there. The latter must be given the vaccine 10 days before starting their trip. The vaccine provides protection for approximately 10 years.

Hansenosis

Hansenosis, long known as leprosy, is another serious health problem in the Amazon Region. The greatest incidence of this disease in the country is found in the states in the North Region. All of them have a large number of cases, with rates considered hyperendemic--that is, more than 1 case per 1,000 inhabitants. The rate in the State of Amazonas alone is 11.79 cases per 1,000 inhabitants, and in Labrea, a municipality on the Purus River, the incidence rises to 40 cases of hansenosis per 1,000 inhabitants.

In the Amazon Region, hansenosis appears mainly in its tuberculoid form, which is benign. In Amazonas and Acre, the incidence is high among children under the age of 14. According to Maria Leide Wand'Del Rey de Oliveira, director of the Ministry of Health's Division of Sanitary Dermatology, those factors show that this endemic disease is on the rise in the region.

To deal with those problems, and in keeping with the current operating philosophy of the Division of Dermatology, a Hansenosis Reference Center is being established in Manaus, the objective being to decentralize activities for controlling the disease, train human resources, and carry out research concerning the behavior of hansenosis in the region.

Measles

The highest death rate due to measles in Brazil is in the North Region, and mortality--that is, the number of children who catch the disease and die--is also high in Amazonia.

One characteristic of measles is that it is an epidemic disease, and to some extent that makes the study of its behavior difficult, especially in Amazonia, where reporting is very inadequate due to the structural conditions proper to the area.

Vaccination coverage is irregular; there is no pattern for the region or even for the states individually. The known incidence of measles is higher in the interior than in the capitals, and there are major signs that the real situation with measles is more serious than indicated in the data available to the Ministry of Health.

Infantile Paralysis

In the State of Amazonas in 1986, two cases of infantile paralysis have been reported in Manaus and two in the municipality of Humaita on the Madeira River in the southern part of the state. There have also been six cases in the State of Rondonia.

The State of Para reported 39 cases of the disease in 1985, and 6 have been confirmed this year, but there are also pending diagnoses. There has been one case of the disease in Maues in Amazonas.

One of the big problems with diseases that can be prevented by immunization is precisely that of getting the vaccine to every locality in the region. This is due in large part to the precarious transportation conditions. On days when there is a nationwide vaccination drive against infantile paralysis, special operations are generally carried out, chiefly in the rubber-extracting areas, along the frontiers, and in Indian areas.

Schistosomiasis

Another problem identified by SUCAM in the North Region is schistosomiasis, a disease caused by Schistosoma mansoni and transmitted to man by a snail that lives in places where there is slow-moving water. Schistosomiasis is not endemic in Amazonia, but there are foci in four municipalities in the State of Para: Belem, Primavera, Capanema, and Tucurui.

In 1985 alone, there were 189,905 stool examinations, of which 2,090, or 1.1 percent, showed positive. Of the cases identified, 1,936 were treated. According to Dimas de Paiva Gadelha, director of the Schistosomiasis Division, there were three reasons why not all the patients were treated. The first was that use of the medicine was contraindicated for some reason, examples being the first trimester of pregnancy, alcoholism, and epilepsy. The other two reasons were the patient's refusal to be treated and absence.

Leishmaniasis

A total of 19,172 cases of cutaneous leishmaniasis were reported in the region between 1979 and 1985. In 1985 alone, there were 4,911 reported cases, and of those, 57.65 percent were in the State of Amazonas. Another 29.19 percent were in the State of Para.

All the reported cases were treated using Glucantine supplied by SUCAM. According to experts at SUCAM, only a small number of patients abandon the treatment, which is painful and lengthy.

In the case of visceral leishmaniasis, also known as kala azar, a significant increase in the number of cases occurred in Santarem in the State of Para beginning in 1984. During that period, 99 cases were reported, and following treatment, the number dropped to 47. No cases of the disease have been reported so far this year.

11798
CSO: 5400/2056

BRIEFS

NEW AIDS CASES REPORTED--Seven new AIDS cases are detected each week in Sao Paulo and three in Rio de Janeiro. According to data furnished by the National Division of Sanitary Dermatology, an organization under the Health Ministry, the AIDS mortality rate in Brazil is 46.7 percent. It also stated that 90.8 percent of the cases have occurred in the southeastern region. [Summary] [Rio de Janeiro O GLOBO in Portuguese 27 Apr 86 p 1 PY] /8918

MORE AIDS CASES--Belo Horizonte (Brazil), 29 Apr (EFE)--An AIDS control committee in Minas Gerais state today reported that 14 new AIDS cases have been confirmed in Brazil, 12 more are "suspected," and 13 other cases "are being assessed" according to the committee, which was created a year ago by seven health institutions, 39 AIDS cases have been "registered" in Minas Gerais State. Approximately 80 percent of the cases involve homosexuals. The rest are haemophilics and unidentified high-risk people. All the cases involve male patients. In terms of numbers, Minas Gerais is ranked fourth in Brazil, after the states of Sao Paulo, Rio de Janeiro, and Rio Grande do Sul. [Excerpt] [Madrid EFE in Spanish 0452 GMT 30 Apr 86 PY] /8918

MALARIA IN FORTALEZA--Fortaleza--Jose de Sa Cavalcanti Junior, the SUCAM (Superintendency for Public Health Campaigns) coordinator in Ceara State, has reported that SUCAM in Ceara has recorded 52 malaria cases in Buturire District (90 Km from Fortaleza) and 3 cases in Capistrano de Abreu, near Baturire. [Excerpt] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 30 Apr 86 p 27 PY] /8918

SAO PAULO COMBATS MOSQUITOES--Sao Paulo Governor Franco Montoro today in Guarulhos started a "mosquito-killing" operation aimed at eliminating mosquitoes that transmit yellow fever and dengue fever. Governor Montoro, however, believes that the Aedes Aegyptis can only be exterminated if fought jointly with Peru and Bolivia, where they are numerous. Montoro has already ordered state health officials to contact their Peruvian and Bolivian counterparts to plan a joint campaign. [Summary] [Sao Paulo Radio Bandeirantes in Portuguese 1600 GMT 30 Apr 86 PY] /8918

YELLOW FEVER MOSQUITOES COMBATED--An intense campaign to eliminate yellow fever mosquitoes is under way in the Rio de Janeiro suburb of Nova Iguacu. No cases of yellow fever have yet been detected. Thousands of homes have already been sprayed and a vaccination campaign has been started. [Summary] [Brasilia Radio Nacional da Amazonia in Portuguese 1000 GMT 29 Apr 86 PY] /8918

DENGUE FEVER OUTBREAK--A dengue fever outbreak has been reported in Rio de Janeiro, where some 2,000 cases have been detected. The health minister has said that there is no vaccine for the disease. Dengue produces slight effects on people, but it is not fatal. [Summary] [Brasilia Domestic Service in Portuguese 2200 GMT 25 Apr 86 PY] /8918

DENGUE EPIDEMIC--A dengue epidemic is affecting Rocinha, the largest shanty-town in the city of Rio de Janeiro. The disease has already been detected in the Santa Teresa, Botafogo and Copacabana neighborhoods. In Rocinha, the neighborhood council believes that about 300 people have already contracted the disease, but the state health secretariat reports that only 98 people are affected. To combat the Aedes Aegipti mosquito, the Rio de Janeiro state government has designated 17 May as the day to fight the dengue fever. There will be a campaign against the fever in 15 Rio de Janeiro neighborhoods. The Belem (Evardo Chagas) Institute, one of the most important in the research of virus transmitted by mosquitoes, confirmed that the dengue fever detected in Rio de Janeiro is benign. [Text] [Brasilia Radio Nacional da Amazonia in Portuguese 1000 GMT 8 May 86 PY] /8918

PURPURIC FEVER DEATHS--Sao Jose do Rio Prieto--Brazilian purpuric fever, which according to Dr Alexandre Vranjac, chief of the Division of Epidemiology at the Secretariat of Health, has already claimed nine other lives in the area of Sao Jose do Rio Prieto (448 kilometers from Sao Paulo), is also thought by the physicians who treated her to have caused the death of a girl named Gislaine Dionisio Souza. She died at 10 a.m. last Wednesday (the 12th) at the city's Basic Hospital, to which she had been admitted the night before. The girl's body was autopsied at the hospital itself, but the report with the results has not yet been made public. The collected material was sent for examination to the Adolpho Lutz Institute in Sao Paulo, which made no prediction as to when the results would be released. On the basis of Gislaine's symptoms, doctors suspect that her death was caused by Brazilian purpuric fever. Those symptoms were a high fever, abdominal pains, changes in skin coloring, and inflammation of the eyes. According to the girl's mother, she had always been in good health until Tuesday, when the fever appeared. Another victim of the disease, a boy named Elenicio Antonio dos Santos, is at the Charity Hospital. He had been released, but has returned to the hospital for plastic surgery on his right hand, which became infected as a result of the disease. [Excerpts] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 16 Mar 86 p 10] 11798

TOTAL AIDS CASES NUMBER 625--Brasilia--A total of 625 AIDS cases have been confirmed in Brazil, and almost 50 percent of the patients (304) have died, according to the latest data released by the Ministry of Health. Sao Paulo State continues to have 74 percent of the carriers of the disease (463), while Rio de Janeiro has 14 percent (93). Most of those infected--a total of 365--are male bisexuals or homosexuals. The state secretariats of health did not say how another 187 had contracted the disease. The bulletin states that 35 people acquired the disease after receiving blood transfusions or by injecting themselves with drugs using needles already used by others. AIDS attacks primarily people between the ages of 20 and 39; that age group accounted for 338 of the cases reported. In addition, the disease has now attacked 13 children under the age of 9 and 16 adolescents whose ages range from 10 to 19. Those in their forties are not immune, either: there are 870 [as published] patients between the ages of 40 and 49 and 29 over the age of 50. [Text] [Rio de Janeiro O GLOBO in Portuguese 5 Mar 86 p 5] 11798

CSO: 5400/2056

POLIO EPIDEMIC IN NORTHEAST--Yesterday the Ministry of Health confirmed the existence of a polio (infantile paralysis) epidemic in the northeast, with 107 of the 139 suspected cases of the illness registered by yesterday afternoon. As a result, the health authorities are analyzing the possibility of carrying out a vaccination campaign this month throughout the region in order to immunize all children under 4 years. Data from the ministry show that last week the northeast states registered 30 new suspected cases which yesterday were increased by 14 recorded by the secretary of health in Bahia. At this moment there are 30 suspected polio cases in Ceara, 23 in Alagoas, 16 in Bahia, 11 in Pernambuco, 9 in Piaui, and 9 in Rio Grande do Norte. In addition there are six cases under investigation in Sergipe, and three more in Paraiba. The only northeastern state that has registered no cases is Maranhao, which surprises the health authorities. It is known for certain, according to the ministry, that the polio virus is active in the entire area, and its activity is not restricted to specific locales. In Piaui, for example, the illness has already been identified in cities to the south, such as Corrente, and to the north, such as Campos. The same is true of other states. [Text] [Rio de Janeiro O GLOBO in Portuguese 1 Apr 86 p 6] 12857/12859

MENINGITIS ALERT IN BAHIA--The Ministry of Health and the State Secretary of Health are on the alert for an outbreak of new cases of meningococcal meningitis in the southern region of Bahia, which could result in the launching of a mass vaccination program, according to what was said yesterday by the minister of health, Roberto Santos; he confirmed an incidence of the illness this year in that region at much higher levels than those registered during the January-March period of 1985. [Text] [Rio de Janeiro O GLOBO in Portuguese 30 Mar 86 p 9] 12857/12859

MALARIA PRECAUTIONS IN AMAZONIA--In order to prevent the spreading of malaria from an endemic region--such as Amazonia--to others not yet infested with the illness, the minister of health, Roberto Santos, today will initiate the "Health Barriers" project in Rondonia; this project will be implemented at several strategic points around the country in order to prevent the transmission of the illness throughout the national territory. The first health barrier will be installed in the municipality of Vilhena. The president of Sucam, Josedio Fernandes, said that the idea is to prevent people who are carriers of malaria from traveling to other regions where the illness does not exist. Health stations will be established at each barrier, with all of the necessary infrastructure for performing blood tests and treating carriers of the illness. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 1 Apr 86 p 11] 12857/12859

YELLOW FEVER IMMUNIZATIONS--Yesterday the minister of health, Roberto Santos, initiated a program of vaccination against yellow fever in the towns of Sao Jose do Rio Preto and Olimpia, where two deaths have been caused by the illness. The vaccination will probably be extended later throughout the western region of the state, said the head of Sucam, Joselio Fernandes. Through the use of insecticides, the Minister of Health is also intensifying the battle against aedes aegipti--the mosquito that spreads the illness--in 29 towns that are infested. Sucam has made 700,000 doses of serum available for the initial phase of the immunization. About 300 persons were mobilized to carry out the vaccination in Sao Jose do Rio Preto; this town had been visited for about 3 hours by Eurico Recco, a man who died as a result of yellow fever acquired last week when he was fishing at the Crixa river in Goias. The fisherman waited at the bus terminal for the bus to Olimpia, where he lived. As a result, the entire area around the terminal at Rio Preto was sprayed yesterday. The mass vaccination campaign will also be carried out in Aracatuba, Birigui and Mirandopolis. Studies performed in those cities indicate high indices of fever-carrying mosquitos. In a second phase, the vaccination campaign will extend to Guararapes, Penapolis, Andradina, Buritama, Turiuba, Glicerio and Coroados. In Goiania, around 350,000 doses will be administered, although there has been no outbreak of the illness in that capital. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 27 Mar 86 p 12] 12857/12859

CSO: 5400/2052

CANADA

BRITISH COLUMBIA FUNDING FOR CANCER RESEARCH REPORTED

Vancouver THE WEEKEND SUN in English 5 Apr 86 p A11

[Article by Anne Mullens]

[Text]

The use of vitamins to help prevent cancer and studies to determine why the same types of cancer take such varying forms in different people are two of 27 B.C. cancer research projects that will receive grants from the Canadian Cancer Society.

In all, $2.5 million will be spent in B.C. on cancer research in 1986, cancer society officials announced Friday at the B.C. launch of the 48th annual April cancer fundraising campaign. Across Canada, the Canadian Cancer Society will spend $25.7 million on cancer research.

"People have been giving to the Canadian Cancer Society each April for so long now it is important that they see the direct link between what they give and the research that is being done," said Dr. Gwyneth Ballantyne, president-elect of the society and a director of the National Cancer Institute of Canada. The latter coordinates cancer research in Canada and administers the research dollars turned over to it by the cancer society.

One of the largest projects to receive a block grant was a group of blood research projects being carried out by six senior researchers at the Terry Fox Laboratory at the B.C. Cancer Research Centre.

The group, which is headed by the husband and wife team of Drs. Connie and Allen Eaves and has been financed for the last six years by the NCIC, received $606,748. The grant supports a number of projects involved with growing and identifying primitive blood-forming cells in the lab, particularly to imitate and manipulate the progression of leukemia on a cellular level.

Also associated with the Eaves lab is a project by Dr. Dixie Mager, which involves identifying and studying a family of virus-like sequences of human DNA (deoxyribonucleic acid) found to normally occur in human genes. The work is important because similar virus-like sequences have been found to start the formation of cancer in mice, Mager said Friday.

Other research projects that will receive grants this year are:

- A study to find the properties of normal cells that determine the characteristics of cancer growth.

"There is a tremendous variation in the way cancers behave from one person to the next, even cancers that arise from the same organ such as lung cancer," said Dr. Nellie Auersperg, of the anatomy department of the University of B.C.

"One man's lung cancer may grow very rapidly and another man's doesn't. One may respond to treatment and the other doesn't."

The group has received a grant of $121,894 to study the basic characteristics of cells, such as their age or make-up, that lead to cancer growth as well as studying various factors playing on those cells, such as hormones and chemicals that influence the cancer growth.

- A study of the use of Vitamins A and C, carotenoids and folic acid to prevent pre-cancerous cells from becoming malignant cells. Dr. Hans Stich, of the environmental carcinogenesis unit of the B.C. Cancer Research Centre, received a grant of $249,190 to study the effectiveness of preventing various cancer by using compounds naturally occurring in the human diet. Stich's group will study two different ethnic populations — Canadian Inuit in the Northwest Territories and a population of Hindus in southern India. The two groups are at a high risk of oral cancer because of cultural habits of chewing tobacco. Stich will see whether diet and vitamins can help prevent the growth of cancerous cells.

- A grant of $92,852 to Dr. Nicholas Bruchovsky to continue studies into the effect of androgens and other hormones on the control of prostate cancer.

On Monday, cancer society volunteers will begin going door-to-door in B.C. to ask for donations toward cancer research.

/9317
CSO: 5420/68

FIRST CONFIRMED AIDS DEATH REPORTED

FL261338 Havana Radio Progreso Network in Spanish 1100 GMT 26 Apr 86

/Station Commentary/

/Text/ Our country's first confirmed case of the illness known as AIDS (Acquired Immune Deficiency Syndrome) has just been reported through a note released by the Public Health Ministry published on GRAMMA's front page today. The note says that last Thursday, a Cuban citizen--scenographer by profession--died of AIDS. He caught the illness in New York during a business trip in 1982.

A long time ago, Cuban public health organs received instructions from the commander in chief to study diagnostic techniques, obtain necessary equipment and reagents, and take pertinent measures to detect and isolate the disease as soon as it appeared in our country because it is widespread around the world and it is unavoidable due to our contacts abroad. In the course of investigations cases of positive reaction to analysis have been registered but clinical symptoms of the illness had not appeared in any of the people. Research will continue until the cases at risk are totally identified, including everyone who has had contact abroad in areas where the illness has been confirmed.

The almost exclusive means of transmitting AIDS are sexual intercourse, blood transfusions, or the use of contaminated needles. Measures are being taken to assure that the virus is not transmitted by its potential carriers. Our country's health system is greatly facilitating the struggle against AIDS or any other kind of disease. This allows us to efficiently prevent, combat, and isolate the illness.

/12228
CSO: 5400/2057

DEHYDRATION INCIDENCE DECREASES

Cairo THE EGYPTIAN GAZETTE in English 13 Mar 86 p 2

[Text] A report issued recently by UNICEF revealed that Egypt has successfully carried out more than 50 percent of the five-year plan which aims at using oral solutions to combat dehydration in children, thus saving the lives of 80,000 children who die every year because of dehydration.

The report said that the implementation of the anti-dehydration experimental projects in the Alexandria governorate resulted in a 30 percent drop in the number of children's deaths. In view of this success, similar projects are under way in other governorates, through more than 4,000 clinics established for this purpose, the report indicated.

Since 1982, Egypt has become one of the leading countries throughout the world in the field of treating dehydration in children by oral solutions. The disease is responsible for more than 50 percent of children's deaths in the country.

The US Agency for International Development has granted Egypt the sum of 26 million dollars to finance the anti-dehydration project, which succeeded in increasing the awareness of doctors, nurses and mothers, with respect to the importance of oral solutions for the treatment of dehydration. GSS

/9317
CSO: 5400/4604

GHANA

BRIEFS

CLINICS FOR AIDS IDENTIFICATION--The Ministry of Health is to set up sexually transmitted disease clinics to quickly identify people who have the deadly disease, Acquired Immune Deficiency Syndrome, AIDS. These clinics will also advise patients on what to do. The acting head of the national blood transfusion service, Dr Cecilia Bentsi, made this known at a symposium in Accra as part of activities marking the Red Cross week. /Excerpt/ /Accra Domestic Service in English 0600 GMT 8 May 86 AB/ 12228

CSO: 5400/118

INDIA

DELHI URGED TO DECLARE CITY ENDEMIC TO GOITER

New Delhi PATRIOT in English 7 Apr 86 p 3

[Text]

The Institute of Nuclear Medicine and Allied Sciences (INMAS) has urged, the Delhi administration to immediately declare the Capital endemic to goitre, reports UNI.

An exhaustive INMAS survey found that more than 30 per cent of Delhi's school children were suffering from goitre. INMAS director Brig N Lakshmipathi said.

The survey, which started in 1980 and was completed on 31 March, this year, covered more than 25,000 school children.

Brig Lakshmipathi said most of the children suffering from goitre belonged to low-income families.

Girl patients outnumbered boys, he said, and added that among the girls, a majority were from the age group of 10-18.

Area-wise, the maximum incidence of goitre among school children was reported from Pharaganj and the walled city.

"Surprisingly, the incidence of goitre among school children is not as high in trans-Yamuna areas as expected. Perhaps, it is because the residents of this area get good drinking water," Brig Lakshmipathi said.

He said INMAS surveyed school children because they were the "ideal for sampling and because goitre is usually prevalent in that age-group."

According to Brig Lakhsmipathi, apart from lack of iodine, many factors were responsible for causing goitre. He listed these as bacterial contamination of water, type of fertilisers used, method of cooking and the nature of the soil.

Brig Lakshmipathi said his institute also found that six common vegetables contain a good measure of goitre-producing substances. These are: phool-gobhi (cauliflower), 'patta-gobhi' (cabbage), 'bhindi' (lady's finger), 'arbi' (taro), 'shalgam' (turnip) and 'mooli' (radish).

Samples of 25 to 30 common vegetables were collected from 50 cities and towns in the country and flown to INMAS here for tests.

Tests revealed that Delhi's 'bhindi' (lady's finger) had the largest concentration of goitre-producing substances among vegetables from all over the country.

Brig Lakshmipathi said to check the spread of goitre, the Government should bring out legislative measures for making the sale of iodised salt mandatory in goitre-prone areas. In such areas, the sale of ordinary salt should be banned, he edded.

There are about 120 million people living in the known iodine-deficient regions of Uttar Pradesh, Bihar and Assam.

goitre is prevalent in the mountainous regions of Jammu and Kashmir, Uttar Pradesh, West Bengal, Punjab, the north-eastern States, and some areas of Maharashtra, Madhya Pradesh and Gujarat.

/9317
CSO: 5450/0130

BRIEFS

MALARIA, KALA-AZAR CASES--Mr. Ramnarayan Goswami, the Minister of State for Health, in reply to a question, said in the West Bengal Assembly on Friday that the number of malaria and kala-azar cases in the State in 1984 and 1985 were 84,910 and 8,4672 respectively. The number of deaths were 20 and five respectively. To control the outbreak of these diseases, DDT was being sprayed in the affected areas. He said that areas adjoining Bihar in Malda and West-Dinajpur districts were mainly affected by kala-azar. Though West Bengtal and Bihar were the two States worst affected by these two diseases, the Centre had turned down a request to allot special assistance to these two States to control the diseases. [Text] [Calcutta THE STATESMAN in English 12 Apr 86 p 9] /13104

MENINGITIS IN CALCUTTA--The Calcutta Municipal Corporation health officer, Dr Sunil Choudhuri, today said there was no cause for alarm over the reported cases of meningitis in the Burrabazar area. He said 180 patients had been admitted with meningitis at the Marwari Relief Society hospital in the last two months, of which only six had died. The deaths were mainly due to the delay in reporting the cases, he added. The local Congress (I) counciller, claimed that the disease had assumed epidimic proportions. Dr Choudhuri said reports from the hospital had stated that only a few patients were being treated for the disease there. He said the disease was transmitted through droplets in the air and added that the afflicted persons should be isolated. [Text] [Calcutta THE TELEGRAPH in English 10 Apr 86 p 2] /13104

MENINGITIS KILLS NINE --Calcutta, April 4--Nine persons died of meningitis in the Burrabazar area last week, according to the councillor of Ward 42, Mr Om Prakash Poddar. He said several others suffering from the disease have been admitted to the Marwari Relief Society hospital for treatment. The manager of the hospital, Mr Narayan Ojha, however, denied the high incidence of meningitis, but said a number of patients had been admitted over the past few months. He said the death rate was nearly 25 percent as most patients were brought in very late. He said the local councillor, Mr Shantilal Jain's 11-year-old son, Sudip, had been admitted to the hospital this morning with symptoms of meningitis. [Text] [Calcutta THE TELEGRAPH in English 5 Apr 86 p 1] /9317

CSO: 5450/0131

INDONESIA

BRIEFS

MALARIA IN SOUTHEAST SULAWESI--Kendari, April 16 (ANTARA)--As many as 575,986 people of Southeast Sulawesi or about 49.9 percent of the population of the region are still declared contracted by malaria. The head of the regional office of the ministry of health, Dr Efu Aza, told ANTARA Wednesday that the regencies of Muna and Buton are the most sensitive regions of malaria. To curb the spread of the disease he said his office has been spraying DDT in the people's homes and exercising biological control. The regional office of the ministry of health has also given regular medication to the people, he added. [Text] [Jakarta ANTARA NEWS BULLETIN in English 16 Apr 86 p A6] /9317

CSO: 5400/4372

IRELAND

25,000 NOT YET COVERED BY MEASLES IMMUNIZATION CAMPAIGN

Dublin IRISH INDEPENDENT in English 31 Mar 86 p 3

[Article by Stephen McGrath]

[Excerpts]

PARENTS of an estimated 25,000 children aged between 15 months and five years have not availed of the Department of Health measles immunisation scheme, which officially ends this holiday weekend.

The Health Education Bureau has appealed to parents of the still vulnerable children to get them vaccinated.

"If not for your own child, do it for the community as a whole," the bureau's publicity officer Harriet Duffin said.

Ms. Duffin said the bureau was delighted with the success of the campaign, which saw 84 p.c. of the vulnerable children immunised against measles. About 125,000 children got the free vaccine from their doctor.

1984 was an epidemic year in Ireland for measles. Each case of the disease cost an average of £50 to treat, while the cost of the vaccine was just £6 per child.

On the success of the campaign, Ms. Duffin said: "We didn't think we would have got such a response. Other countries take three years to reach such a standard."

She added that, if the remaining 25,000 children were vaccinated, Ireland would be practically free of measles. The vaccine was free and safe.

Some parents had obviously got the message but had not done anything about it. "We are very keen to have these remaining 25,000 children done," Ms. Duffin said.

The campaign cost £500,000 and was conducted in the newspapers and on radio and television. About £160,000 was spent on advertising and a further £20,000 on publicity material. The rest was made up of doctors' fees and the cost of the vaccine.

General practitioners and public health nurses played vital roles in getting the message across to parents in a comprehensive campaign which included a broadcast by the Minister for Health.

The scheme is expected to save the State millions of pounds in health bills over the next few years and is being seen as a successful exercise in preventive medicine.

/9317
CSO: 5440/072

MOROCCANS CARRY TAY-SACHS DISEASE

Jerusalem THE JERUSALEM POST in English 2 Apr 86 p 2

[Article by Judy Siegel]

[Text] Tay-Sachs disease, a genetic disorder thought to be mainly carried by Ashkenazi Jews, has been found among Jews of Moroccan origin, according to a report on Israel TV last night.

Two studies, one at Hadassah University Hospital in Jerusalem and one at Sheba Hospital at Tel Hashomer, have not yet produced conclusive results. Thus the experts will not yet recommend that all couples of Moroccan or mixed Moroccan-Ashkenazi background take a test to determine if they are carriers.

A handful of cases were found, inducing the hospitals to conduct a survey of non-Ashkenazi parents.

Tay-Sachs is a genetically inherited nerve disorder that causes death between the age of 2 and 4. It had hitherto been thought to occur mostly in families of Eastern European Jewish origin.

It is marked by progressive mental and physical retardation. Symptoms first appear at about six months, after which no new skills are learned and there is progressive loss of those skills already learned.

Convulsions are followed by blindness, with a cherry-red spot on the retina, and then by dementia and paralysis. There is no cure, but treatment is given to relieve some of the symptoms.

The disease can be diagnosed before birth by amniocentisis. Parents can find out if they are carrying the defective gene by a simple blood test, available free at the Health Ministry's district offices.

All couples of Ashkenazi origin who are about to marry, or have children, are urged to take the test.

Prof. Gideon Bach of the genetics laboratory at Hadassah Hospital in Jerusalem says that some cases of the disease have turned up in recent years among Jews of Moroccan origin. His lab began conducting a study, but findings are not yet final.

If a study by Dr. Ruth Navon of Sheba's Hospital's genetics laboratory – due to be completed in two weeks – confirms that Moroccan Jews may be carrying Tay-Sachs, Bach will recommend that Moroccan Jewish couples also take the test.

/13104
CSO: 5400/4513

ITALY

INCREASE IN AIDS CASES REPORTED

Rome IL MESSAGGERO in Italian 14 Mar 86 p 200

[Article by C. Me]

[Text] There are 13 new cases each month and 80 deaths in 4 years. In our country, AIDS, the acquired immune deficiency sydrome, is spreading at a rate which doubles every 3 months. Statistics show that in the first 2 months of 1986 alone 18 persons discovered they had the disease and there were 7 deaths.

A backward look: When AIDS first appeared in Italy 4 years ago in 1982, only one person was diagnosed as having AIDS. And then, slowly, we reached 63 cases between January and June of last year and 86 in the last 6 months. Overall, a total of 190 persons were stricken, and there were 80 deaths.

It is an impressive increase in the disease, which, as the greatest Italian experts (Professors Aiuti, Visco, Verani, and Rossi) explained yesterday at the Superior Institute of Health, should now be combatted only on the prevention front. "If the class of neutralizing antibodies is not found, it is too early to speak of a vaccine," explained professor Giovan Battista Rossi, virologist of the Institue. The sole weapon, then, is correct awareness of the phenomenon. And the view is that the disease is spreading not only among the categories at risk (drug addicts, homosexuals, hemophiliacs) but also in others. In fact, 7 cases in 100 are patients who do not belong to those groups. Professor Francesco Pocchairi, director of the Institute, explained that, "unlike other countries, in Italy drug addicts continue to be the most affected, with 43 percent."

At the meeting, during which the book "Interview On Why" Beta editious by Luciano Ragno, was presented, Costante Degan, minister of health also participated, stating, "Panic is fruitless. Above all, the local health units, the regional offices, and doctors should become organized in order to know, study, and spread awareness of the aspects of such a new but also such a dreadful disease."

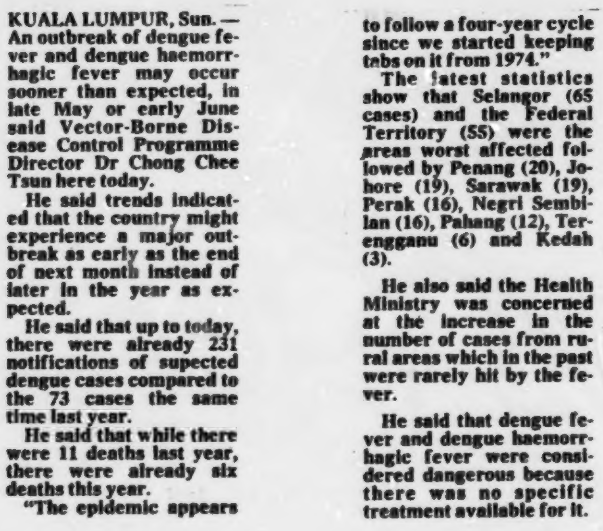
9772/13104
CSO: 5400/2536

MALAYSIA

DENGUE OUTBREAK EXPECTED

Penang THE STAR in English 21 Apr 86 p 6

[Text]



KUALA LUMPUR, Sun. — An outbreak of dengue fever and dengue haemorrhagic fever may occur sooner than expected, in late May or early June said Vector-Borne Disease Control Programme Director Dr Chong Chee Tsun here today.

He said trends indicated that the country might experience a major outbreak as early as the end of next month instead of later in the year as expected.

He said that up to today, there were already 231 notifications of supected dengue cases compared to the 73 cases the same time last year.

He said that while there were 11 deaths last year, there were already six deaths this year.

"The epidemic appears to follow a four-year cycle since we started keeping tabs on it from 1974."

The latest statistics show that Selangor (65 cases) and the Federal Territory (55) were the areas worst affected followed by Penang (20), Johore (19), Sarawak (19), Perak (16), Negri Sembilan (16), Pahang (12), Terengganu (6) and Kedah (3).

He also said the Health Ministry was concerned at the increase in the number of cases from rural areas which in the past were rarely hit by the fever.

He said that dengue fever and dengue haemorrhagic fever were considered dangerous because there was no specific treatment available for it.

/9317
CSO: 5400/4369

BEIRA ANTI-MALARIA CAMPAIGN UNDERWAY

Beira DIARIO DE MOCAMBIQUE in Portuguese 28 Feb p 2

[Text] The first phase of the antimalaria spraying campaign got underway several days ago in seven of Beira's wards. The aim of the campaign is to kill mosquitos concealed inside people's homes.

Macuti, Macurungo, Matacuane, Esturro, Chipangara, Ponta Gea and Munhava are the areas covered by the campaign. Sixty eight people divided into 13 brigades have been trained to do this work.

A source responsible for coordinating this effort informed us that 50 of those people are involved in the spraying work at the Pungue Textile Plant and the remainder are from the city's wards.

It should be noted that this antimalaria spraying campaign now underway in Beira has the support of the Soviet Union. It sent some equipment and means of transportation as well as a parasitologist.

The same source also said that the campaign, which was promoted by the Provincial Preventive Medicine Service of Sofala in coordination with the city's Health Directorate and Executive Council, received no support from the council. This government body had pledged earlier to assure the availability of transportation and people to do the work.

"The campaign got off to a bad start. There was no support from the Executive Council nor are families being correctly mobilized by the ward political organizations," said one of the campaign workers.

A preventive medicine technician calls upon the ward political and administrative organizations to intensify efforts to mobilize families whose homes have yet to be sprayed so that the fumigators will find furniture out of the way when they arrive.

9935/12951
CSO: 5400/90

NICARAGUA

POLIO, DPT VACCINATION CAMPAIGN OPENS IN MANAGUA

Managua BARRICADA in Spanish 3 Mar 86 p 8

[Text] Yesterday, in various areas of the capital and its suburbs, massive participation of parents could be seen as they took their children to be vaccinated against polio and DPT.

During the morning BARRICADA surveyed various vaccination sites, where members of the people's health brigade and personnel of MINSA [Ministry of Health], as well as of the people's organizations, fought a true battle with children in groups of ten.

Alba Rugama, an ENAVES industrial machine operator from Ciudad Sandino, waiting in line to vaccinate her son Carlos Alberto, age five, said that during Somoza's time they never worried about the children's health.

"I think this is a good measure to avoid our children's getting polio, which is one of the illnesses that produces the greatest damage among children," said the young worker.

Meanwhile, Mrs Nazaria Bravo, member of the health brigade, said that in Zone Four of Ciudad Sandino there are seven vaccination stations in operation. She added that at station number one some 139 infants would be vaccinated.

She also criticized the indifferent attitude to some of the CDS [Sandinist Defense Committee] coordinators who brought in the census figures at the last minute, causing a considerable delay in the vaccinations.

Ciudad Sandino Tried To Surpass Goals

Elsewhere, Dr Xiomara del Palacio, director of the "Heroes y Martires de Ciudad Sandino" Health Center, told BARRICADA that some twelve thousand children are expected to be vaccinated. "In this whole area and its suburbs, some 52 vaccination stations have been set up where 169 members of the people's health brigade and 70 MINSA employees are working," said Dr del Palacio.

She was optimistic about the development of the vaccination program and said that, at the rate that they are going, they expect to surpass their goals. Speaking about the limitations in improving the program, she criticized the fact that certain CDS coordinators did not turn in the census figures on time and estimates based on last year's figures had to be made.

Maria Jarquin, in charge of health in Zone Seven of Ciudad Sandino, noted that at station number two they expected to vaccinate some 550 children.

In San Judas

During BARRICADA's survey, the vaccination program was working satisfactorily in San Judas and downtown in the capital.

Dr Roberto Guillen, director of the Health Center of San Judas, remarked that in his sector 95 vaccination stations had been set up and some 22,000 children were expected to be vaccinated against polio and 12,000 for DPT. He said that some 500 people, members of the brigade and MINSA employees, were involved in this work.

Guillen complained that certain CDS coordinators waited until the last minute to take the census. "They were still turning in census figures at 8 A.M. yesterday." he remarked.

Elsewhere, Maribel Lopez, in charge of vaccination station five in Sierra Maestra, said that their goal is to vaccinate 284 children.

Eva Chavarria, housewife from Sierra Maestra, said that her two children, Hilda Elizabeth and Gustavo Adolfo, were among the first ones vaccinated at that station.

In other neighborhoods, such as Monsenor Lezcano, Bello Horizonte and parts of the highway North, the vaccinations were going so quickly that by about 11 A.M. those areas were out of vaccine and syringes.

Tipitapa Sought Additional Vaccine

BARRICADA went as far as the township of Tipitapa, where 60 urban and 22 rural vaccination stations were set up.

Yolanda Morales Zamora, in charge of the sanitarium at Tipitapa Health Center, assured that some 71,000 children would be immunized in that area, for which they needed 410 brigade members.

Alba Luz Garcia, in charge of vaccination station number four, said that they expected to vaccinate some 200 children. "At 10:30 A.M. we ran out of DPT vaccine and we have requested more from the MINSA regional office," said Garcia.

Carmen Martinez, a housewife who was waiting for her son Carlos Antonio to be vaccinated, told BARRICADA that she had been there since early morning. "These are the little accomplishments that the enemies of the Revolution do not want to acknowledge," she concluded.

12472/5915
CSO: 5400/2051

BRIEFS

INFANT MORTALITY RATE—Dr Jorge Orochena, director of the Berta Calderon Hospital, stated that 18 percent of the babies born in that hospital died. He blamed the poor attention provided at the hospital, as well as the lack of medical personnel, medicines, and hospital beds. The hospital handles 45 births every day. [Summary] [Managua LA PRENSA in Spanish 23 Apr 86 pp 1, 2 PA] /9274

CSO: 5400/2059

NIGERIA

BRIEFS

MENINGITIS CLAIMS LIVES IN DAURA--A total of 36 people died following an outbreak of Meningitis in Daura Local Government Area of Kaduna State. A release issued by the Information Officer of the local government, Mallam Bashar Saleh Daura, said this was disclosed by the Head of Health Department of the Local Government, Alhaji Mamman Zango, last weekend. Alhaji Mamman said a total of 408 cases of the disease were reported to his office out of which 124 were from Daura, 120 from Baure, 23 from Sandamu and 141 from various dispensaries located in the Local Government Area. Alhaji Mamman further said 59,650 people were so far immunised against the disease and appealed to members of the public to come out for the immunisation. Alhaji Mamman, however, complained of shortage of drugs and vaccines for both treatment and immunisation and appealed to the state government to come to the local government's aid. [Text] [Kano SUNDAY TRIUMPH in English 6 Apr 86 p 2] /9317

CSO: 5400/116

MEDICAL BRIEFS ON LEPROSY CONTROL EFFORTS

OW290508 Beijing XINHUA in English 0222 GMT 29 Apr 86

[Text] Beijing, 29 Apr (XINHUA)--Medical news in brief:

(1) Leprosy control: A survey made by the Health Bureau of the Gaungxi Zhuang Autonomous Region indicates that two-thirds of the area's 30,000 lepers have been cured. The annual incidence of leprosy dropped from 0.299 per thousand in 1966 to 0.095 per thousand last year.

(2) Fujian fights leprosy: Fujian Province plans to control leprosy by 1995, five years earlier than the planned nationwide elimination of the disease. The provincial health bureau reported that the annual incidence of leprosy fell to five per million last year, 93 percent less than in 1959. Fujian now has 2,010 lepers.

(3) Medical pillows: The Pucheng Medical Pillow Plant in Shaanxi Province has developed two kinds of medical pillows for children. The "yibei" medical pillow is effective for morbid night crying, inflammation, vomiting and diarrhea of children under five years of age. The "yizhi" medical pillow can treat headaches, enuresis, parasitism, enterogastritis and tonsillitis. Combining traditional prescriptions with modern medical theory, the medical pillow factory stuffs the pillows with over 20 species of medicinal herbs.

(4) Painkiller for cancer patients: The 411 navy hospital has developed a painkiller for patients with advanced cancer. The device is installed in the skull through a small cerebral operation. When a patient feels pain a small amount of morphine is released into the brain.

/12858
CSO: 5400/4111

PEOPLE'S REPUBLIC OF CHINA

KANG KEQING HELPS WITH IMMUNIZATION PROGRAM

OW260846 Beijing XINHUA in English 0743 GMT 26 Apr 86

[Text] Beijing, 26 Apr (XINHUA)--April 25 each year has been designated as a special day for China to carry out different vaccination activities, according to a decision of the Chinese State Council.

On "vaccination day", medical workers and local authorities are required to do more publicity work and vaccinate a certain number of children. A national coordination group has been set up in Beijing to make sure all Chinese children receive the required vaccinations.

China's new target is to ensure that 85 percent of all children are vaccinated at the province level before 1988 and the same percentage at the county level before 1990. Remarkable progress has been made in vaccination work, with 214 cities and counties having already reached the 1990 goal.

Infectious diseases like plague, cholera and smallpox, rampant in the country before 1949, were drastically reduced in the early 1950's following the new sanitation measures and free vaccination programs.

The year 1985 saw a marked decrease in whooping cough by 31.8 percent, measles by 32.5 percent, diphtheria by 58.3 percent and poliomyelitis by 5.5 percent compared with the previous year. Four kinds of vaccination are being used to eliminate these common diseases which are still threatening children.

Kang Keqing, vice chairwoman of the National Committee of the Chinese People's Political Consultative Conference, visited the Beijing No 5 kindergarten yesterday and administered oral vaccinations.

Officials from the Chinese Ministry of Public Health and the United Nations also joined the activities yesterday.

/12858
CSO: 5400/4111

LATE STAGE SEPTIC SHOCK TREATED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 3 No 4, 15 Nov 85 pp 201-204, 211

[Article by Yuan Man [5913 2581], et al., of the Department of Infectious Diseases, Huashan Hospital, Shanghai First Medical College: "Anisodamine or Scopolamine in the Treatment of Late Stage Septic Shock in Adults"]

[Summary] Anisodamine or scopolamine and other comprehensive measures were applied in 37 cases of late stage septic shock who had not improved following conventional treatment, including restoration of blood volume, correction of acidosis as well as administration of dopamine and aramine, etc. Seventeen patients recovered completely from the shock and, among them, 14 survived. Six improved to varying degrees and 14 failed. Of the patients who suffered severe disturbance of naili microcirculation, two-thirds showed alleviation. Marked decrease in serum lactate and an increase in urine output were observed in those who recovered.

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SEROLOGICAL CLASSIFICATION, CLINICAL ASPECTS OF HEPATITIS REPORTED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 3 No 4, 15 Nov 85 pp 216-219

[Article by Wu Caiyang [0702 2088 0111], et al., of the Military Medical Institution, Fuzhou Military Area: "The Relationship Between Serological Classification and Clinical Aspects of Acute Sporadic Viral Hepatitis"]

[Summary] A serological survey of 352 cases of acute sporadic viral hepatitis was carried out. Serum specimens were tested by ELISA for specific IgM antibodies against HAV, HBc, EBV and CMV. Hepatitis A (HA) was diagnosed in 114 cases (32.4 percent), hepatitis B (HB) in 108 cases (30.7 percent), HA and HB mixed infection in 34 (9.7 percent), hepatitis CMV in one (0.3 percent) and hepatitis non-A non-B (HNANB) in 95 cases (27.05 percent). The age distribution of the patients showed that HA had a significantly younger median age (21 years old) than did HB (27 years old) or HNANB (29 years old) ($P < 0.01$ in both). HA and HB mixed infection also had a younger median age (19 years old) than HB or HNANB ($P < 0.05$ in both).

As for the epidemiological data, there were some significant differences between the different forms of hepatitis in clinical aspects. In order to differentiate HA, HB and HNANB, however, the epidemiological, clinical and biochemical findings are often of little help in individual cases, and serological study is the only reliable method.

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PEOPLE'S REPUBLIC OF CHINA

FORMER AMEBIASIS PATIENTS OBSERVED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 3 No 4, 15 Nov 85 pp 220-224

[Article by Chen Yatang [7115 7161 2768], et al., of the Department of Infectious Diseases, First Hospital, Chongqing Medical College: "Follow-up Observation of Specific Antibody in Sera from Patients with Amebiasis"]

[Summary] The specific antibody in sera from patients after effective treatment of amebiasis was assayed simultaneously by the indirect fluorescence antibody test (IFA) and enzyme-linked immuno-sorbent assay (ELISA). In 28 follow-up patients with treated amebic dysentery, the positive rates of IFA and ELISA were 32.14 percent and 35.71 percent respectively; in 93 follow-up patients with treated amebic liver abscess, the positive rates were 72.04 percent and 41.94 percent respectively. In some amebic dysentery patients, lower or miderate titers of IFA and ELISA antibodies still persisted even eight years after effective treatment. The same was true for some amebic liver abscess patients 20 years after effective treatment.

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EPIDEMIC HEMORRHAGIC FEVER FDP, LYSOZYME DETERMINED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 3 No 4, 15 Nov 85 pp 225-227

[Article by Yue Jinsheng [1471 6855 5116], et al., of the Department of Infectious Diseases, First Affiliated Hospital, Xi'an Medical College: "Determination of Fibrin/Fibrinogen Degradation Products and Lysozyme in Serum and Urine in Epidemic Hemorrhagic Fever"]

[Summary] Determination of fibrin/fibrinogen degradation products (FDP) and lysozyme in blood and urine of patients with epidemic hemorrhagic fever is reported. Urinary FDP began to increase in the early febrile stage and the increase in the level was parallel to the severity of the disease. Urinary FDP reached peak values twice during the 5th-6th day and 9th-10th day after the onset of the disease. Blood FDP reached its peak during the febrile period. If the blood FDP increases and platelets decrease, the prognosis of the disease will be poor. Urinary lysozyme increase was evident in severe cases. The increasing levels of the blood lysozyme were closely related to low blood pressure oliguria. As the urinary FDP became parallel with the urinary lysozyme, it was shown that the immunologic complex deposits were on the glomerular basement membrane and are responsible for kidney lesions.

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HEPATITIS A MONOCLONAL ANTIBODY PRODUCED BY HYBRIDOMA TECHNIQUE

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 4 No 1, 15 Feb 86 pp 5-8

[Article by Meng Qianghua [1322 1730 7520], et al., of the Center of Liver Diseases, Beijing Army General Hospital: "Monoclonal Antibody Against Hepatitis A Virus Produced by Hybridoma Technique"]

[Summary] A cell line of hybridoma A614 secreting antibody (IgG3) against hepatitis A virus (HAV) was established by fusing the SP2/O-Ag14 myeloma cells with the spleen cells of BALB/c mice which were immunized with HAV antigen purified by precipitation with PEG6000 according to a schedule of repeated inoculation over long intervals. Using ELISA, A614 antibody showed positive responses to the HAV antigen in stools from different provinces of China, HAV isolated from tissue culture, HAV in Abbott's Kits and the HAV HM175 strain from Australia. The A614 antibody showed no response to the suspension of normal adult's and fetal stools. Blocking tests with positive sera from patients who had recovered from hepatitis A and absorbing tests with HAV purified by CsCl density gradient centrifugation further confirmed its specificity. A large quantity of HAV immune complexes could be observed when the A614 antibody was used in the immune electromicroscope technique to identify HAV in stool suspension. The antibody bridges were clearly shown.

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PEOPLE'S REPUBLIC OF CHINA

HEPATITIS B CORE ANTIGEN DETECTED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 4 No 1, 15 Feb 86 pp 13-16

[Article by Guo Hengchang [6753 1854 2490], et al., of the Central Hospital, Zhabei District, Shanghai: "Detection of Antibody Against Hepatitis B Core Antigen by Passive Hemagglutination Inhibition Test"]

[Summary] This paper reports the detection of an antibody against hepatitis B core antigen by the passive hemagglutination inhibition (PHAI) test and by radioimmunoassay (RIA) with Abbott's agent in 65 serum specimens obtained from patients with hepatitis B. The results are compared. It is shown that of 40 specimens with positive RIA, 34 were positive and 6 negative; while all of the 25 RIA negative specimens were PHAI negative. In addition, 10 serum specimens with positive anti-HBc antibodies were tested by PHAI and ELISA simultaneously. This showed that the two methods coincided with each other only when the titers of the anti-HBc antibodies were at low levels; PHAI was found more sensitive (10-50 times) than ELISA when the levels were high.

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PEOPLE'S REPUBLIC OF CHINA

BRIEFS

HEILONGJIANG CONTROLS ENDEMIC DISEASES--Harbin, 1 Mar (XINHUA)--Heilongjiang, China's northernmost province, has brought under control endemic diseases including the plague, brucellosis, keshan (a cardiac muscle disease) and goiter, according to the local public health office today. Local doctors treat two million endemic patients with combination of Western and traditional Chinese methods and prevent new incidences by improving the environment and food quality, as well as distributing medicines. Last year, the provincial office gave 30,000 women injections to prevent cretinism, an endemic disease in the province, which retards mental development. [Text] [Beijing XINHUA in English 0855 GMT 1 Mar 86 OW] /12858

YOUTH ANEMIA SURVEY--Beijing, 15 Mar (XINHUA)--A doctor here has developed a new medicinal syrup based on the principles of traditional Chinese medicine which is effective for iron-deficiency anemia in children, a common disorder, according to the "Health News". Chronic iron-deficiency anemia affects the disease-resistant capacity, physical growth and intellectual development of children. A survey in 16 provinces and municipalities shows that 40 percent of children suffer from the disease. In some rural areas, the incidence is as high as 80 percent. Wen Zhenying, a doctor at the Beijing Hospital of Traditional Chinese Medicine, and her colleagues began an investigation among 3,074 children in the Dongcheng District of Beijing and found 967 children with the disorder. The syrup won a prize from the Ministry of Public Health in 1985. [Text] [Beijing XINHUA in English 1312 GMT 15 Mar 86 OW] /12858

MEDICAL PERSONNEL PRAISED--Beijing, 29 APR (XINHUA)--Nine representatives of China's outstanding medical personnel were highly praised by party and government leaders here today. Among them are ordinary doctors and nurses as well as the world-renowned experts who have made extraordinary achievements in their work. On behalf of the Central Committee of the Chinese Communist Party, Hu Qili, member of both the Political Bureau and the Secretariat of the CPC Central Committee, expressed thanks to them and called on all doctors and nurses across the country to keep fit, so as to serve the people still better. Deng Liqun, also a CPC Central Committee member, and Song Jian, a new state councillor, were present at the meeting. [Text] [Beijing XINHUA in English 1042 GMT 29 Apr 86 OW] /12858

CSO: 5400/4111

AQUINO ORDERS DRIVE AGAINST SIX TOP DISEASES

Quezon City ANG PAHAYAGANG MALAYA in English 4 Apr 86 pp 1, 6

[Text]

The mother in President Aquino has a way of emerging even in the midst of a political crisis.

Yesterday even as she was in the eye of a political storm, with the Unido's impending mutiny over the dissolution of the Batasan, Mrs. Aquino set aside politics to issue Proclamation No. 6, directing the health and social services ministries to mobilize their network for the immunization of every Filipino child from six diseases which have been identified as the major causes of childhood deaths.

The diseases are polio, measles, diptheria, pertussis, tetanus and tuberculosis. It is estimated that some 40,000 children in developing countries succumb to these diseases yearly.

Issuing the proclamation before officials of the United Nations International Children's Emergency Fund (UNICEF), President Aquino said, "Our children are our most valuable resources, we must conserve and develop them."

Admitting the sad plight of underprivileged children, she said, "My government, unlike the previous regime, is not ashamed or afraid to admit the extent of malnourishment that afflicts our nation."

"We will not suppress the statistics but rather endeavor to uncover the full extent of the suffering and damage inflicted on our nation's children," she added.

Addressing the 40th anniversary celebration of the UNICEF held at Malacanang Maharlika Hall, she recalled her years as wife of the late former Sen. Benigno Aquino Jr. and declared that "my proudest accomplishment is to have brought him up five happy, healthy children."

"Compared to the struggle I waged and the work that I do in Malacanang, the rearing of children might seem light as a mundane task but in retrospect, I would say that is has its own special difficulties and challenges, and that meeting them well evokes in me some pride," the President said.

She said that in many countries in the world and throughout the Philippines, "there are children who have not been as fortunate as my own."

She said she is "haunted by the sad faces of our children in Negros."

Their tragedy reminds us of how much the previous government failed the Filipino people," she said.

In her proclamation, the President declared the country's support to the international goal of the UNICEF's child immunization program.

She likewise called on all sectors of Philippine society to help in the immunization drive against the six deadly diseases.

The Catholic Bishops Conference of the Philippines through Ricardo Cardinal Vidal, the Islamic Dawah Council of the Philippines through its president Professor Abdul Rashid Sayedi and the National Council of Churches in the Philippines through Bishop Laverne Mercado, issued statements of commitment supporting the immunization drive.

UNICEF executive board chairman Anwar Wulkarim Chaudry lauded the President's motherly concern.

She said by attacking the social menace, President Aquino "has chosen the more farsighted course, for no amount of economic growth can be achieved or sustained if the people are cramped in social inertia."

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CSO: 5400/4366

OUTBREAK OF DENGUE FEVER REPORTED IN DAVAO

HK240341 Manila MANILA BULLETIN in English 23 Apr 86 pp 1, 13

/Text/ Davao City--A tropical disease team from the Ministry of Health (MOH) in Manila is expected to arrive in Digos, Davao del Sur, early this week on an emergency mission to fight a reported outbreak of dengue fever which has so far caused 50 fatalities and hospitalized some 100 other patients.

The outbreak of the disease was reported to Minister of Health Alfredo Bengzon by Deputy Minister of Local Government Douglas Cagas, a former assemblyman representing Davao del Sur in the abolished Batasang Pambansa.

According to Cagas' report to the MOH, the tropical disease has been claiming victims for the last 3 weeks and has caused alarm among residents of the province and nearby areas.

Dengue fever, according to medical authorities here, is usually transmitted by bites of unusually large mosquitos which allegedly originated from Africa.

According to one theory, the presence of the dengue fever-carrying mosquitos in Davao del Sur was due to the docking of foreign oceangoing vessels at the Malalag port of the province, which could have brought the African mosquitos.

The said mosquitos, it is further claimed, must have bred in the stagnant waters of the coastal towns and later spread to other municipalities, bringing their deadly disease.

Patients suffering from dengue fever have been reported in the towns of Padala, Malalag, Magsasay, Matanao, and the capital town of Digos, where most of the victims are hospitalized.

Local MOH teams are trying to destroy the breeding places of the African mosquitos by spraying stagnant waters and draining canals in large coconut and banana plantations here.

/12228
CSO: 5400/4368

BRIEFS

AIDS WARNING REPEATED--Twenty of the 27 cases of Aids confirmed in South Africa since 1982 have died, Professor J Metz, chairman of the Advisory Group on Aids said yesterday. Prof Metz said in a statement yesterday although only one new case of Aids had been reported this year there was no reason for complacency. He warned: "On the basis of experience in other countries, we expect at least 30 new cases of Aids this year, but so far only one new South African case had been diagnosed while two others have been referred to us from outside the country." He said of the 27 cases mentioned 23 were South Africans and the rest patients referred from states to the north of South Africa for investigation and treatment. [Text] [Johannesburg THE CITIZEN in English 26 Apr 86 p 5]/12828

CSO: 5400/47

BRIEFS

MALARIA KILLS 300--More than 300 people died from malaria in Arusha Region during the last two years, the Regional Medical Officer, Dr. Frank Kimboi, said yesterday. He said 288 people died in 1985 while 42 died in 1984. Kimboi said while there were over 84,000 cases of malaria reported in 1985, there were more than 61,000 cases the previous year. [Text] [Dar es Salaam DAILY NEWS in English 23 Apr 86 p 3] /12828

AIDS DEATHS IN MWANZA--Fifteen people have died of the Acquired Immune Defficiency Syndrome (AIDS) disease in the last 18 months in Mwanza Region, a Shihata dispatch said yesterday. Two more AIDS victims are hospitalised at the Bugando Medical Centre. The Regional Medical Officer, Dr. Prosper Mtey, also said that during the first quarter of this year, Mwanza Region had 328 patients of cholera and 56 of them died. He said the figures were very high compared to those of the whole of 1984 when there were 148 patients with 33 deaths recorded. He said among the reasons for the increasing cholera cases were consumption of dirty and unsafe water, lack of latrines and big gatherings of people at funerals of cholera victims. [Text] [Dar es Salaam DAILY NEWS in English 16 Apr 86 p 3]/12828

CSO: 5400/47

BRIEFS

HEALTH RESEARCH UNIT--Cabinet has agreed to the establishment of a National Health Research Committee, Health Minister Senator John Eckstein said yesterday in delivering the welcome address to the Commonwealth Caribbean Medical Research Council (CCMRC) at the Trinidad Hilton. He said this reflected the Ministry of Health and Environment's concern that very little health services research was being done. He added that the establishment of such a committee would serve to stimulate such research. The Committee, which will replace the previously existing informal Ministry of Health and Environment Committee, will embrace relevant ministries and research institutions in order to reflect the multi-sectoral nature of health research. [Text] [Port-of-Spain DAILY EXPRESS in English 18 Apr 86 p 1] /13104

CSO: 5440/074

UGANDA

AIDS REPORTEDLY KILLS 100 MONTHLY IN RAKAI

Kampala WEEKLY TOPIC in English 20 Mar 86 pp 1, 16

[Excerpt] A VERY large number of people are reported to be dying daily in Rakai and Masaka districts as a result of contracting Acquired Immune Deficiency Syndrome (AIDS) disease popularly known in the area as 'slim'. Most of the victims are said to have sexually contracted the disease which has assumed an 'epidemic' proportion particularly in Rakai district.

According to unofficial reports reaching *Weekly Topic* from alarmed residents, on average "about 100 people" could be dying monthly of AIDS in the two districts. A resident of Kyotera who talked to our reporter in Kampala said that burial of AIDS victims (mostly people between the ages of 17 and 40) in Rakai has become "a daily activity for us". "And I tell you we are scared and totally despondent", he added.

When *Weekly Topic* approached the Minister of Health, Dr. Ruhakana-Rugunda for his comment on the alarming reports from Rakai, he said he had already visited the area himself and "although the situation is serious, your figure of 100 people is too exaggerated".

He said that according to information he had received from Dr. Rwegaba, District Medical Officer Rakai, between 20 and 30 people are dying from AIDS in the district monthly.

"However, the question of numbers is not important, even 25 is still very bad" said the Minister.

"We are sending a team of doctors from Makerere University Medical School and the Ministry of Health headquarters to the area to assess the situation and to launch a campaign against the disease ", said the minister adding, "government is very concerned with the question of AIDS in the country".

All the same AIDS is still not the "top killer disease" in Uganda as some foreign media have reported. From medical reports, measles, diarrhoea, and malaria are still the top killer diseases in the country, especially amongst children.

The Minister, however, warned Ugandans against promiscuity which is the main way through which the killer AIDS virus is thought to be transmitted in the country. "People should be more careful and reduce the number of their sexual partners to a minimum of one if they want to avoid the deadly disease", he cautioned.

He pointed out that AIDS has so far got no effective treatment anywhere in the world to cure it. This means that once someone is hit by the disease today, then one is a sure case to die. However, the disease is preventable if only "the people can be mobilised and educated about the dangers, cause, manifestation and prevention of AIDS", said Dr. Rugunda. "Some of our people even think wrongly that AIDS is caused by witchcraft" lamented the minister. Masaka and Kitovu hospitals and Kalisizo Health Centre have many AIDS patients, while Mulag Hospital in Kampala is now reported to admitting at least one AIDS case da According to a report issued recently b group of Mulago Medical School docto Rakai-Masaka-Kampala zone could having about 63 percent AIDS cases the country. This makes the area unsafe for those with several sexual partners.

Private doctors say they think that a figure of about 100 deaths from AIDS per month in Rakai district alone "could be more realistic."

Journalists returning from Rakai allege that there is such a scare that some girls in their teenage ages and early thirties are being "arrested" and "deposed" from the area for fear they are AIDS carriers. This is especially so in the case of girls new to the area.

Pathetic cases are also reported where once people learn from the hospitals and health centres that they have AIDS, they return to their homes dejected to wait for death.

/12851
CSO: 5400/104

UGANDA

BRIEFS

SLEEPING SICKNESS INCREASE--Kampala--Deaths from sleeping sickness are soaring in eastern Uganda and could climb still further if preventive measures are not taken urgently, medical sources said. The epidemic results partly from the suspension in 1983 of a government programme to curb the disease due to the deteriorating security situation in the country, they added. Known cases had soared from 1,922 in 1984 to 8,431 last year but the disease often went unreported because it was widely believed to be caused by witchcraft, they said. Mr Daudi Waiswa, a 78-year-old former chief, said sleeping sickness had wiped out 75 percent of the population of his area in the 1940s, when the British colonial authorities sealed off the region to control the epidemic. A doctor at Iganga Hospital, about 100 km east of Kampala, said: "There are firm indications that the present sleeping sickness epidemic. . . is bound to get out of hand and allow history to repeat itself unless the sleeping sickness control programme . . . is vigorously reactivated as a matter of urgency." [By Sapa Reuter] [Text] [Johannesburg THE CITIZEN in English 1 Apr 86 p 5] /12851

CSO: 5400/104

UNITED KINGDOM

BRIEFS

AIDS IN SCOTLAND--More than half the heroin addicts in Edinburgh could be carrying the AIDS virus, according to a survey. The survey of 164 heroin users in the city found that 51 per cent were carrying the virus, fuelling worries that Edinburgh is facing a drugs-related epidemic of the Acquired Immune Deficiency Syndrome. Leading scientists and doctors have dubbed the city the AIDS capital of Europe, and the convicted killer, Mr. Jimmy Boyle, who now runs a drug help centre in Edinburgh, said its problems were second only to New York. Unofficial estimates put the number of intravenous heroin addicts in the city at more than 2,000 and it was previously believed that around 300 were AIDS carriers, but the latest survey suggests that the problem is even more serious. The near-epidemic scale of the problem in the capital is high-lighted by new figures for Glasgow, where the total number of heroin addicts carrying the virus is estimated to be less than three per cent, and Dundee, where the figure is thought to be five per cent. [Text] [Leeds YORKSHIRE POST in English 12 Apr 86 p 15] /13104

CSO: 5440/075

CONFERENCE REVIEWS 1981-1985 EFFORTS TO ERADICATE MALARIA

Hanoi SUC KHOE in Vietnamese 5 Mar 86 p 7

[Article by H.N.: "Conference To Review Nationwide Efforts in 1981-1985 To Eradicate Malaria"]

[Text] In mid-December 1985, the conference organized by the Ministry of Public Health to review the 5-year (1981-1985) national task of eradicating malaria was held in the Municipality of Nha Trang in Phu Khanh Province. Representatives of the Central Institute of Malaria, Parasite, and Insect Studies and its Quy Nhon and Ho Chi Minh City branches, and 36 delegations from different provinces and special zones throughout the country attended the conference.

In the last 5 years, the task of preventing, controlling, and eradicating malaria was stepped up everywhere. About 600 metric tons of DDT 75 percent were sprayed by different localities, four-fifths being sprayed in the South and one-fifth, in the North. As the result of epidemiological zoning and good work execution, in 1985 many localities were able to reduce the sprayed areas while still ensuring good quality and results (for instance, in Trung Bo the quantity of DDT used was 60 tons less than in 1984, but the incidence of malaria decreased by 10.9 percent).

The detection of malaria in blood smears by the disease-treating installations found an average of 2 million new cases per year (about 1 million in the North and more than 1 million in the South), with the number of positive smears taken by the disease-treating installations accounting for about 20-30 percent and the number of smears taken for epidemiological purposes up to 40-50 percent in some localities.

Each year the country as a whole provided treatment of malaria to about 6 million patients (in the South 5.6 and the North 1.6 million), with the parasite being identified in about from 40,000 to 60,000 patients.

The prevention and control of the epidemic in a number of localities in the northern highlands and the new economic zones in the South still remained weak because the local public health organs had not been consolidated and the movement of people to new economic zones was too great; consequently, the malaria epidemic still existed in those localities.

The conference was unanimous in presenting the following evaluation of the prevalence of malaria in the country from 1981 to 1985:

In the last 5 years, the incidence of malaria continued to decrease but very slowly, unevenly, and in a very difficult manner.

--In the South, malaria incidence continued to decrease, but compared to the preceding 5 years the decrease was much slower.

--In the last 10 years specifically, mostly since 1979, the prevalence of malaria in the North got worse, with the percentage of people identified as carriers of the parasite increasing every year and always remaining unstable. Some malaria public health stations were too weak to be able to fulfill their task.

--A noteworthy fact was that in the great majority of the former eastern Nam Bo provinces, where the prevalence of malaria had allegedly been excessive and hard to reduce, the incidence of malaria continued to decrease thanks to concentrated efforts to eradicate the disease.

--In the coastal Trung Bo provinces, such as Nghia Binh, Binh Tri Thien, Phu Khanh, Thuan Hai, etc., the disease was still declining and remained relatively stable.

--In Dac Lac and Gia Lai-Kon Tum Provinces, there was some decrease but a slow one. In Lam Dong Province, as the number of new cases increased, the epidemic occurred in the new economic zones of Da Oai, Bao Loc, Duc Trong, etc.

The mortality caused by pernicious malaria in the Central Highland provinces remained high (about 40-50 percent) because the network of public health installations was still poor and the disease-treating installations had not yet reached a large capacity.

However, as a general assessment of the 5 years (1981-1985), the workers in the specialized malaria-fighting field succeeded in overcoming many difficulties in the face of a changing situation and reduced the rate of detection of the parasite in the South from 11.78 percent in 1976 to 3.58 in 1981 and 3.29 in 1985. In the North, they were also able to stop and limit the incidence of malaria in the highland and border provinces, thus effectively serving the production and combat tasks of the people and army in the border areas.

Many delegates of central and local organs expressed their opinion, evaluated the situation, and described their own experiences in preventing and controlling malaria in their localities.

The conference devoted a full specialized discussion session to pernicious malaria and the ways to reduce mortality caused by it, such as treatment, especially with intravenous quinine; injection of fluid; prevention of lack of urination; early and timely detection, prevention, and treatment of pernicious malaria, and so on.

The overall direction to be taken in the 5 years of 1986-1990 to eradicate malaria is to continue the efforts aimed at quickly reducing the incidence of malaria throughout the country so as to reach the lowest level in the late 1990's and to improve the people's health.

The goals of these efforts in the 5 years (1986-1990) are:

--The northern provinces must maintain and improve the results of eradicating malaria, try not to let malaria return, and reduce the incidence of malaria between 1985 and 1990 down to about .5 percent, the rate of detection of the malaria parasite compared to the number of blood smears taken.

--The southern provinces must continue the offensive aimed at reducing malaria incidence and the rate of mortality from malaria, and strive to bring the rate of detection of the malaria parasite from 3 percent in 1985 to about 1.5 in 1990.

To draft malaria eradication plans is a key task in the local prevention and control of the epidemic; efforts must be concentrated on controlling and extinguishing the old epidemic occurrences, actively reducing the size of the old pockets of infection, and detecting in time the new pockets so as actively to prevent spread of the epidemic.

--Concentrate leadership on very strongly consolidating the basic-level public health network and raising the working capacity of district preventive hygiene and malaria units.

--Link the efforts to step up the district-building movement aimed at eradicating malaria with carrying out the public health sector's five goals.

--Improve and perfect the synchronized specialized measures, such as destroying mosquitoes, avoiding being bitten by mosquitoes, treating the disease, destroying the causes of the disease, protecting healthy people, improving the environment, and so on.

Step up scientific research and international cooperation, and concentrate on these subjects: studying the application of epidemiological zoning and organizing execution of plans; studying measures to prevent and control mosquito biting and to destroy disease-transmitting mosquitoes outside of homes, with attention being paid to a number of mosquito species resistant to DDT; and studying the species of malaria parasite resistant to DDT. Organize management, and study and build district malaria eradication models.

--Further step up propaganda and training, both elementary and advanced, of cadres in order to raise their knowledge and to encourage their voluntary participation in the prevention and control of malaria for the benefit of the people.

5598
CSO: 5400/4365

CZECHOSLOVAKIA

BATTLE AGAINST RABIES CONTINUES

Prague RUDE PRAVO in Czech 4 Feb 86 p 3

[Text] Notwithstanding the numerous measures taken by the Czechoslovak authorities have had great problems during the past 5 years with stopping one of the most dangerous infectious diseases, rabies. The reduction of the number of foxes, the main carriers of the disease, was a prime target of this struggle.

The originally applied measures, such as killing the foxes and gassing their lairs brought only limited success. Reduced numbers of these beasts were achieved in some districts only, primarily in the Southern Bohemian Kraj. As the hunting preserves users approached the task only conventionally, the number of killed animals infected with rabies grew steadily. In 1984 in the CSR alone, there were more than 2,000 such cases, twice as many as at the beginning of the eighties.

The Central Committee of the Czech Hunting and Gamekeeping Association, in cooperation with the National Veterinary Administration, issued therefore another ordinance, allowing foxes to be shot even during the night or to be poisoned by artificial bait. Thus, in the first 6 months of the past year, the number of rabies-infected foxes killed was over 300 lower compared with the previous year.

The hunters plan to continue applying this procedure to fox hunting. However, a complete extermination of this species, which occupies an irreplacable position in our nature, is not the objective. What matters is to regulate its numbers; in an area of 1,000 hectars, only one pair of foxes should live. Today, as many as five pairs live on the same acreage.

12707/13045
CSO: 5400/3012

RAT EXTERMINATION, MALARIA CAMPAIGN UNDERWAY IN QUELIMANE

Beira DIARIO DE MOCAMBIQUE in Portuguese 19 Feb 86 p 5

[Excerpt] Maputo--DIARIO DE MOCAMBIQUE has learned that rat extermination and malaria control campaigns will be undertaken simultaneously this year in Quelimane, Zambezia Province, by the Mozambican Fumigation Company, CAFUM.

CAFUM, a company specializing in all types of fumigations, is headed by Rui Manuel Matias who told our newspaper that all arrangements have been made for the start of the campaigns. All that remains is to "finalize some points with the United Nations organization that is providing the financing so the products can be purchased abroad." These campaigns will cost tens of thousands of dollars.

What Will Be Done

The campaigns will involve a team of 52 men, some from CAFUM's Beira staff. They will work for 10 days and spread an anticoagulant rat poison. The Quelimane rat extermination and malaria control operations will be carried out in two phases. The first phase involves a vast clean up operation. Water drains will be cleaned and trash picked up at sites throughout the city. This phase is aimed at preventing the poisoned rats from dinging refuge in the trash heaps for this would jeopardize any kind of campaign. "The second phase is one of control. After the rat poison has been administered, its effects last 6 months and we at CAFUM will follow the evolution of the situation," explained Rui Matias. He also added that the Executive Council has been very receptive to the campaigns.

Collection of Data

Last week a three man team made up of representatives from Bayer (Portugal and Mozambique) and CAFUM traveled to Zambezia to collect information, set up the scheduling and determine the cost of the upcoming Quelimare campaigns. Rui Matias explained that one of the things which hit him immediately was the urgent need to clean the drainage ditches and pick up the trash (which is the Quelimane city government's responsibility).

"Leonardo Simao, the health director, also showed a great deal of interest in having the campaigns begin as soon as possible because they would solve a number of current public health problems," added Matias.

"CAFUM is currently writing up all the purely technical specifications as well as the information program that must be developed to both inform and protect the public."

Rui Matias added that before the campaign begins, informational meetings will be held in Quelimane's districts to discuss the measures that must be followed to avoid poisoning people. The city's Health Directorate has pledged to acquire a certain number of antidotes to administer to anyone who may be affected by the rat extermination campaign.

9935/12951
CSO: 5400/90

ANTIRABIES CAMPAIGN LAUNCHED IN BEIRA

Maputo NOTICIAS in Portuguese 11 Feb 86 p 3

[Text] Beira's veterinary officials are taking measures to combat rabies. A campaign to vaccinate dogs is expected to be launched soon. Although the situation has not reached alarming proportions, a child died after being bitten by a rabid dog.

This fatal disease was detected after a detailed examination was made of the dead dog in the Maputo laboratory using the Sellers method. The results of the examination were made knwon officially at the end of last year in Sofala.

In view of this situation and according to Pinto Ribeiro, head of the Veterinary Department of the Provincial Agriculture Directorate of Sofala, vaccines for rabies and other diseases, which are expected to arrive soon from Maputo, will be given to dogs in newly created vaccination posts so as to reduce the spread of this disease.

In order to assure the campaign's success, information sessions will be held for the public. According to Pinto Ribeiro, a schedule will be prepared in order to accomplish these tasks in an organized fashion.

Pinto Ribeiro told our reporters that it was not possible to vaccinate the stray dogs that very frequently appear in this city. He also added it would only be possible to treat the growing traffic of stray dogs by picking them up.

He further added that this task, which comes under the authority of the Executive Council, faces great difficulties. In order to pick up these dogs, transportation and other resources are needed.

9935/12951
CSO: 5400/90

BARBADOS

ANTI-RAT CAMPAIGN SEEKS TO HALT DESTRUCTION OF SUGAR CROP

Bridgetown SUNDAY SUN in English 30 Mar 86 p 1

[Text]

COME MAY 19 Barbados will declare war on the rat population which, according to a conservative estimate, is costing this nation about $3 million a year.

A group of concerned citizens and organisations have banded themselves together and are planning what will be the first National Rat Week, which, according to Keith Laurie:

"Although it is termed a 'week' we will not be satisfied until we kill every rat. So it will continue until we achieve our objective.

The suggestion for the campaign came from the Barbados Sugar Technologists Association while Laurie was its president. He is now a council member and will coordinate the rat campaign.

"We feel that everybody in the island must do it together. The timing is very critical. We must do it at a time when there is the least food available for the rats. And that is right after the sugar cane reaping. So we have chosen May 19 as the beginning of the campaign.

"We would really like a two to three—week period of intensive baiting by everybody — on the sugar estates, in the livestock farms, in Government buildings and parks and so on, around garbage dumps in Bridgetown; in the warehouses and then of course in the households," Laurie said.

He added that the campaign was starting as a private sector venture but they would be going to Government for assistance. "I have got that kind of feedback that if the private sector showed some initiative Government would support it but we have not actually had the first meeting with the Government departments."

In looking at the damage caused by rats, Laurie said:"I have done quite a bit of research on this. The biggest loss has been in the sugar industry. We are saying very conservatively that the losses amount to about $2 million a year. From various surveys which were done, it looks as though the overall losses could be about $4 to $5 million but we want to be conservative.

"We are saying that there are about 50,000 households and the loss through rats and mice, even if conservatively placed at $5 a household, still comes to $250,000 a year. To livestock you could say another $50,000, then commercially in warehouses, damage to foodstuffs, to packages, to animal feeds and so on bring up the total to about $3 million," explained Laurie.

/9274
CSO: 5440/073

CANADA

ONTARIO FIGHTING LOSING BATTLE AGAINST GYPSY MOTH

Toronto THE TORONTO STAR in English 18 Apr 86 p F19

[Article by Bob Lyons]

[Text]

The ministry of natural resources is racing to install a $5-million plan to combat the gypsy moth in a war officials say they can't win.

It may be too late to contain the voracious pest which has already attacked most of Eastern Ontario and threatens to spread to the rest of the province within the next few years.

Pockets of infestation have been found in London, Sarnia and Niagara Falls.

Officials admit they are fighting a losing battle. The objective is to protect the best lumber, the provincial parks and some farms and home yards. The rest will be weakened in the onslaught of the greatest insect pest ever to get a footing in this Province.

"We're just kidding ourselves if we think the infestation is not going to come," said Alec Denys, who is co-ordinating the plan in eastern Ontario.

Denys travelled to Pennsylvania last summer, where he saw 36,423 hectares (90,000 acres) of oak forest completely killed by the gypsy moth.

Officials from the province and the federal ministries of agriculture admit they have considered imposing a quarantine road-block, on major highways out of eastern Ontario to check for the pest. A similar program is in place in California and Oregon, and Queen's Park is establishing "voluntary" check-points at three provincial parks this summer.

Denys' office in Tweed, 36 kilometres (22 miles) north of Belleville, looks like a command headquarters with maps and charts. He's throwing everything modern technology has got into a two-week battle against millions of hungry caterpillars.

Airstrips used

Two military bases are being drafted into the aerial spray plan: the Canadian Forces Base at Trenton and an old National Defence airstrip at Taylor, just north of Gananoque.

The ministry also is constructing two new runways in the bush and enlarging another at a cost of over $350,000 — specifically to fight the gypsy moth.

The new runway system is needed to service over 100 planes contracted to spray millions of gallons of Bacillus Thurinegus (BT) which is believed to kill only caterpillars.

BT will be sprayed over forests, cottages and some municipalities by crop-dusters skimming less than 30 metres (100 feet) overhead.

Timing the spray is extremely critical. More than a dozen entymologists from the Canadian Forestry Service will be watching the woods for millions of eggs to hatch. Then the entire program will take place in a two- to three-week period in late May or early June, depending on the weather.

The ministry has agreed to spray private property, with each landowner paying a nominal fee per hectare. In addition, foresters have earmarked 53,000 hectares (130,961 acres) of Crown Land to be protected.

According to Denys, the planes will be concentrating on "hot spots" where the insect population has grown to 40,000 eggs per acre. One such spot near Marmora, northeast of Peterborough, began last year when the caterpillars denuded an 81-hectare (200-acre) swath of bush.

Patch expanded

The patch expanded to 6,880 hectares (17,000 acres) this year.

The rapid spread of the gypsy moth is alarming to foresters and homeowners.

The larva are easily carried by the wind. In only a few days last May, the tornado winds that levelled houses in central Ontario also carried gypsy moth larvae a further 96 kilometres (60 miles.)

Worse, the gypsy moth can "high-hike" long distances by laying eggs on cars and camping equipment.

/9317
CSO: 5420/69

CHANGARA DISTRICT BATTLES LOCUST PLAGUE

Maputo NOTICIAS in Portuguese 4 Mar 86 p 1

[Text] Farmers in the Changara District of Tete Province are involved in the erradication of an outbreak of locusts that has been spreading since 1983. This work began as the growing season got underway under the sponsorship of agriculture officials who provide general information to family and cooperative farmers.

The first secretary and acting administrator of Changara District, Candido Zagua, told our reporters that the sorghum crop, the region's major crop, is almost ready and it is not being attacked by the locusts yet.

When the campaign began, many farmers were troubled by the outbreak of the locust plague because they believed it would engulf large tracts of productive land. However, it did not occur as predicted. Those who planted corn in that part of Tete Province have already begun to consume it. This means that the harvest could produce high yields.

According to its egglaying cycle, the "Dvicomba" locust plague will last 5 years. In Changara District, a concrete plan that gives families a role to play in this process was laid out to fight the locusts.

The pesticide and the machinery have already been prepared for all areas. There is now a campaign underway in the fields. In reality, the work being done does not assure that the locusts will be completely erradicated. Only aerial spraying would achieve this and it is not possible at the moment.

The Changara District farmers are hopeful that this year's crop will be better than the previous one. This is to say that the district's locust plague will not lay waste the fields as was initially predicted. It is the weather that is causing the hunger we see in that region.

Changara, N'Temangau, Mazoe, Mufa-Kakonde and Cioco were marked as the localities most affected by the plague and it is for this reason that the erradication work has concentrated in these areas.

As for the peanut crop that many farmers planted this year, it is expected to be a success despite the worms that are eating the underground roots in some areas. An erradication effort is already underway.

A majority of the people raised corn along the banks and the lowlands of the Luenha, Mazoe, Luia, Mufa and Zambeze rivers in the Boroma area.

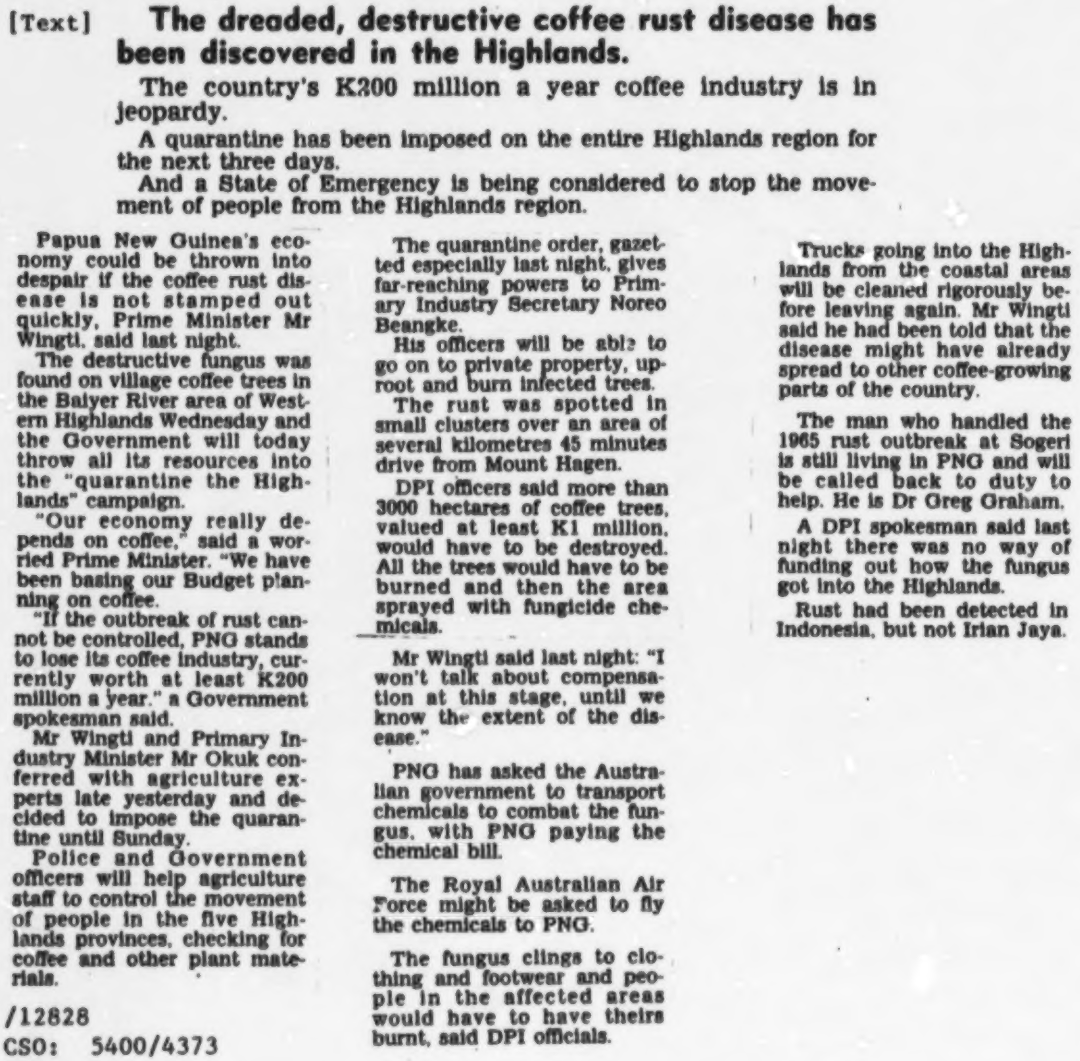
The acting administrator of Changara District said that an intense effort was made to mobilize the farmers as they began preparations for the 1985-86 growing season so that each family farmer would work a minimum of 2 hectares. It is true that some people own smaller parcels of land but the majority of the population increased its acreage.

9935/12951
CSO: 5400/90

PAPUA NEW GUINEA

COFFEE RUST IN HIGHLANDS CAUSE FOR QUARANTINE

Port Moresby PAPUA NEW GUINEA POST-COURIER 2 May 86 p 1



[Text] **The dreaded, destructive coffee rust disease has been discovered in the Highlands.**

The country's K200 million a year coffee industry is in jeopardy.

A quarantine has been imposed on the entire Highlands region for the next three days.

And a State of Emergency is being considered to stop the movement of people from the Highlands region.

Papua New Guinea's economy could be thrown into despair if the coffee rust disease is not stamped out quickly, Prime Minister Mr Wingti, said last night.

The destructive fungus was found on village coffee trees in the Baiyer River area of Western Highlands Wednesday and the Government will today throw all its resources into the "quarantine the Highlands" campaign.

"Our economy really depends on coffee," said a worried Prime Minister. "We have been basing our Budget planning on coffee.

"If the outbreak of rust cannot be controlled, PNG stands to lose its coffee industry, currently worth at least K200 million a year," a Government spokesman said.

Mr Wingti and Primary Industry Minister Mr Okuk conferred with agriculture experts late yesterday and decided to impose the quarantine until Sunday.

Police and Government officers will help agriculture staff to control the movement of people in the five Highlands provinces, checking for coffee and other plant materials.

The quarantine order, gazetted especially last night, gives far-reaching powers to Primary Industry Secretary Noreo Beangke.

His officers will be able to go on to private property, uproot and burn infected trees.

The rust was spotted in small clusters over an area of several kilometres 45 minutes drive from Mount Hagen.

DPI officers said more than 3000 hectares of coffee trees, valued at least K1 million, would have to be destroyed. All the trees would have to be burned and then the area sprayed with fungicide chemicals.

Mr Wingti said last night: "I won't talk about compensation at this stage, until we know the extent of the disease."

PNG has asked the Australian government to transport chemicals to combat the fungus, with PNG paying the chemical bill.

The Royal Australian Air Force might be asked to fly the chemicals to PNG.

The fungus clings to clothing and footwear and people in the affected areas would have to have theirs burnt, said DPI officials.

Trucks going into the Highlands from the coastal areas will be cleaned rigorously before leaving again. Mr Wingti said he had been told that the disease might have already spread to other coffee-growing parts of the country.

The man who handled the 1965 rust outbreak at Sogeri is still living in PNG and will be called back to duty to help. He is Dr Greg Graham.

A DPI spokesman said last night there was no way of funding out how the fungus got into the Highlands.

Rust had been detected in Indonesia, but not Irian Jaya.

/12828
CSO: 5400/4373

PERU

PINK BOLLWORM DAMAGES TO PIURA COTTON HARVEST

Lima EL COMERCIO in Spanish 25 Mar p A-12

[Excerpts] Ica, 24 March (By Mail)--The damage caused by pink bollworms during the current crop year in Piura is estimated at 73,989,000 intis.

For this reason appropriate precautions have had to be taken to prevent this kind of catastrophe from happening in the valleys of the Department of Ica. One of these precautions is reportedly the establishment of a roadblock south of Pisco to stop the movement of plant material of whatever origin.

These statements were made by Engr Juan Gonzales Machini, a FUNDEAL expert, at a meeting in Ica sponsored by CIPA-ICA.

Engineer Gonzales provided details on the damage caused by this insect in the Alto Piura, San Lorenzo, Bajo Piura, and Chira areas.

Gonzales revealed that in the northernmost department chemicals were being used against the pink bollworm and efforts were being made to trap them.

He pointed out that in Piura there are 54,000 hectares planted to cotton and that 9 adult worms have been caught in traps per week; in Lambayeque, 4,000 hectares of cotton and 31 worms caught; in Santa, 1,200 hectares of cotton and 11 worms caught; in Casma, 2,600 hectares of cotton and 16 worms caught; in Huarmey, 400 hectares of cotton and 10 worms caught; and in Chincha, 13,141 hectares of cotton and 12 worms caught. He said that the pink bollworm requires a warm climate, with temperatures averaging 30 degrees Celsius.

He said that in Brazil, where the pink bollworm was identified 20 years ago, from six to nine applications of insecticide are applied each season, especially in Sao Paulo.

In Colombia the pink bollworm has been known for the past 40 years. The growing season is 6 months long, whereas it is 9 months long in Peru, requiring a substantial investment in applying insecticide.

He said that the most important thing to do is to conduct research to deal with these pink bollworm infestations. Up to the present experiments in all areas in eradicating the insect have involved the use of chemicals.

He reported that FUNDEAL has called for research on measures to eradicate the Indian pink bollworm, but no completed work has been presented as yet.

The most effective applications of chemicals should be undertaken during the period of hibernation, which is the state of rest of the pink bollworm when faced with adverse conditions.

Gonzales also spoke of the host plants in Piura, which include domestic cotton, okra, and rose bushes.

He stated that the modified Albary trap is very effective in catching the pink bollworm.

He indicated that Doctors Hulber and Winston, two well-known cotton experts from the United States, have reported that in Piura ecological conditions for the Indian rose bollworm are better than those in Arizona.

He stated that in Piura farmers work for 6 months and rest for another 6 months, which is a luxury. He suggested a change in agricultural practices to include growing fruit and rice. He noted that rice requires up to 30 centimeters of standing water in the fields, which is out of the question in Ica, where the shortage of water is worsening.

5170
CSO: 5400/2054

SOUTH AFRICA

BRIEFS

POISON SPRAY AGAINST LOCUSTS--Three Defence Force members may have been made ill by the poison BHC, used against the locust plague. A ban was placed on the making of BHC in 1981, but the Government used a strategic supply kept in stock since 1974. The Minister of Agriculture, Mr Greyling Wentzel, confirmed yesterday that about 4,000 tons of BHC had been used in recent weeks. Replying to questions by Mr Roger Hulley (PFP), Mr Wentzel said labourers applying the poison were issued with masks and dust goggles. He said stocks of BHC were now virtually exhausted. Other products had become available and were being phased in. General Magnus Malan, the Defence Minister, said no special protective equipment was issued to SADF personnel helping in the fight against locusts, but they did have protective overalls. General Malan said: "Three members showed symptons of stomach cramps, coughing and headache, similar to fly, which may possibly have been caused by the poison." [Text] [Johannesburg THE STAR in English 16 Apr 86 p 4] /12851

LOCUST SWARMS--Fraserburg--Hundreds of swarms of locusts are wreaking havoc in Fraserburg. The western parts of the district that escaped the outbreak two months ago are the worst affected. There are 12 pest control units in the area and it is expected these will be increased to 16 in the coming week. The swarms are moving eastward and now penetrating previously affected areas as well. Prospects for winter grazing are not good because of extensive damage and poor rains. [Text] [Johannesburg THE CITIZEN in English 15 Apr 86 p 13] /12851

CSO: 5450/102

END

JPRS-TEP-86-013

11 JUNE 1986

Worldwide Report

EPIDEMIOLOGY

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11 JUNE 1986

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EAST BLOC COUNTRIES GRADUALLY ADMITTING AIDS PROBLEMS

Copenhagen INFORMATION in Danish 7 Apr 86 p 2

[Article by Lena Baden, Ritzau's Bureau correspondent: "The East Bloc Countries Change Their Minds: AIDS Is Also a Problem for Us"]

[Text] Doctors from all East Bloc countries are taking part this week for the first time in an international congress on the disease.

The immune deficiency disease AIDS is about to become an unpleasant reality also for East Europe.

The UN's health organization, WHO, on Monday is starting a conference on AIDS in Europe in the Austrian city of Graz, and for the first time all East European countries will be represented by physicians and researchers.

In the last conference, which has held in December of last year in Geneva, only the Soviet Union and Hungary took part from the East Bloc countries.

The media in all the East European countries have discussed the disease in several articles over the last year and a half, but most dissociated themselves with the disease and said that it first and foremost was a problem for the Western World because of the West's decadent way of life with regard to sexual practices and homosexuality.

Punishment

Until the first cases of AIDS were officially admitted in the Soviet Union, the disease, called SPID in Russian, was used as an element of anti-Western propaganda. The press talked straight out of the fact that AIDS was a kind of punishment for decadence in the Western World.

The weekly LITERATURNAYA GAZETA in October had a long article which developed further a theory to the effect that the AIDS virus possibly stemmed from American CIA laboratories for biological warfare. The virus had escaped in experiments which were made on narcotics addicts, homosexuals and homeless people in the USA.

The East German press has written, among other things, that the danger of AIDS' arising in the GDR is small because of the "social conditions" in the country. Both homosexual and heterosexual East Germans are therefore being cautioned against "uncritical partner contact," especially with people from countries in which the disease has been ascertained.

Rumanian Deficiency

Largely speaking, the media in the other East Bloc countries have the same attitude toward the disease and to a certain extent they have addressed the Western World critically. Only Rumania has been very reserved about discussing the disease at all, and when AIDS was finally discussed at the end of 1985, the information was very deficient.

One reason for this attitude is certainly Rumania's conduct toward homosexuality, which just as in the Slavic countries is a distinct taboo subject. The other risk group, narcotics addicts, is also not exactly a subject which is spoken loudly of.

In Rumania and the Soviet Union homosexuality is forbidden by law, which is to say that if people are caught in practicing homosexuality they can be punished. In the Slavic countries the subject is only mentioned seldom, and officially homosexuality simply does not exist.

East German Homosexuals

In the GDR the attitude toward homosexuality is far more liberal. Homosexuality became permissible in the GDR in 1968, and recently the offical news bureau, ADN, called for greater openness regarding homosexuality and better integration of homosexuals in the East German society. On the other hand, narcotics addiction officially does not exist in the GDR.

The fact that now, largely speaking, all East European countries have ascertained several cases of AIDS or carriers of the disease has forced the East Europeans both to change their tone in discussion of the disease and to speak publicly about homosexuality.

The Soviet Union admitted on 7 December of last year that cases of AIDS had been ascertained. Officially two Russians--a woman and a man--and a couple of foreigners from the Third World have acquired the disease.

Will Frighten

Most East European media are now carrying informative articles about the disease. In the Soviet Union LITERATURNAYA GAZETA changed its mind completely and carried an objectively informative article on the entire problem area of AIDS and the chances of finding a vaccine against the disease. However, political observers think that the disease will still be used to frighten people out of contact with foreigners.

The Czechoslovak youth magazine MLADY SVET in its discussion of AIDS wrote with almost unheard-of openness about homosexuals' problems in the Czechoslovak society. Bulgarian professional journals and newspapers have also occupied themselves in detail with AIDS.

Two cases of AIDS have been officially ascertained in Czechoslovakia and four are infectious carriers of the disease. Rumors in Prague say that at least 10,000 are feared of being carriers of the disease.

In Hungary there is officially one case, and 40 have had antibodies ascertained. In Poland there are four regular cases, while nine have had antibodies ascertained.

Rumania and Bulgaria have not begun to report on cases to WHO, but according to unconfirmed reports, three cases should have been found in Rumania.

The conference in Graz has precisely the objective of getting all countries to take part in a so-called "reporting system" so WHO will get a reliable picture of the situation in Europe. The conference, which will last two days, will also try to plan a joint strategy to combat the disease on the global level.

Poland Pioneer

Poland was apparently the first East European country that took a realistic attitude to the problem. The Polish health authorities have occupied themselves with AIDS since the end of 1983. In 1985 the Polish Health Ministry issued 60,000 copies of an information pamphlet to physicians and health institutions, and more pamphlets are on the way.

Poland is taking the problem seriously because the country probably has the largest number of narcotics addicts in East Europe--around 300,000. At the same time Poland has very serious health problems already, with 22,527 cases of tuberculosis.

Besides, AIDS, which is the case for the other Slavic countries, has forced Poland to face reality with regard to the taboo subject of homosexuality, and recently the weekly POLITYKA wrote that there are about 270,000 homosexuals in the country and double the number of bisexuals.

Czechoslovakia reported for the first time on 14 February of this year that AIDS has been found in -o [as published] homosexual men. Simultaneously with a panel discussion on TV between specialists from the Health Ministry, a large-scale information campaign on the disease was announced. Among other things, 10,000 people in the risk group are to be examined for the disease.

Ambitious Hungarian Plan

Both Hungary and the Soviet Union have plans to establish a research center for AIDS in Moscow and Budapest, respectively, and Hungary reported on

25 March that the routine screening of donors' blood and a nationwide examination of the population for AIDS will be carried out.

The Hungarian government has already purchased equipment for the AIDS examinations and has trained personnel to use it. Hungary is believed for the present to be the only country in the world which has taken so drastic a step in the fight against AIDS.

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CSO: 5400/2538

BARBADOS

BRIEFS

MORE AIDS DEATHS--Bridgetown, May 1--Barbados today reported the death from AIDS of three males last month, bringing the total number of persons who have died from the disease to 11--all men. The ministry said there had been a total of 14 cases at the country's lone general hospital, the state-run Queen Elizabeth Hospital. Only one AIDS patient remained a patient. Last month's deaths all occurred in one week. One of them generated such publicity that public pressure grew on the government to release more information on the number of cases. Months had passed since the last AIDS bulletin from the Ministry of Health. There were six deaths last year and one in 1984. Up to this time, the pattern of transmission of the disease in Barbados is essentially homosexual and bisexual, the ministry said today. A government statement said that infection from intravenous drug abuse had not occurred and with the safety screening and testing measures instituted for blood transfusion, the risk from contaminated blood was eliminated. It added that all blood donors were screened and blood was tested for the virus. [Excerpts] [Bridgetown CANA in English 2316 GMT 1 May 86 FL] /12712

CSO: 5440/077

EXTENT OF EPIDEMICS RECALLS PROBLEMS OF COLONIAL ERA

Sao Paolo O ESTADO DE SAO PAULO in Portuguese 24 Apr 86 p 29

[Text] Almost on the eve of the year 2000 the state of Sao Paulo faces epidemics and public health problems that are similar to those of Brazilian colonial times. People are still dying of snake bites for lack of antivenin. And the Ministry of Health admits that it won't be until 1987 that the country will be able to produce the 450,000 doses of serum that are needed. Last month two breeding grounds for the aedes aegypt mosquito, the carrier of yellow fever, were discovered in the Sao Paulo towns of Penha and Guarulhos. Last year six Sao Paulo cities were breeding grounds for the mosquito, and this year the number has risen to 42. The mosquito is spreading 43 years after having been declared extinct in this state.

"The existence of urban yellow fever in this state is scandalous," says the adjunct secretary of health of Sao Paulo, Otavio Azevedo Mercadante. But he also recognizes the existence of more serious illnesses such as malaria caused by parasitic microbes transmitted through the bite of the female anopheles mosquito. "The incidence of malaria has increased tremendously."

Another instance is that of dengue fever, an illness transmitted by the same mosquito as the one that transmits yellow fever. Dengue fever, eliminated in Brazil in 1955, and known in the last century as "polka fever," has returned as a threat. There are rumors, admitted by the secretary of health, Joao Yunes, of cases of dengue fever in the state of Sao Paulo. In Nova Iguacu, in lower Fluminense, 2,000 inhabitants have already been stricken.

Since October 1984, 29 children aged three months to 10 years have died in the state of Sao Paulo as a result of purpuric fever. North American researchers from Atlanta were called in to help in discovering the causes of this illness.

Cases of AIDS in Sao Paulo are increasing at the rate of one per day, for a total of 500, 200 of whom have died. In the face of this situation traditional institutions such as Butanta and Adolfo Luiz are fighting to continue their research. Joao Yunes says that the budgets of the state health secretaries have been cut during the past few years. Mercadante, his assistant, blames the federal authorities for having abandoned their control of endemic and epidemic diseases. "Butanta sends 80 percent of its anti-venin outside the state," says Yunes.

Willy Becak, director of Butanta, says that it is not the institute that is facing a crisis: "It is the country that is facing a crisis." For example, not until 1987 will Brazil be self-sufficient in the production of anti-tetanus serum. Currently the Ministry of Health imports 12 million of that 25 million doses needed to prevent death by tetanus. Becak feels that it is necessary to give support to other research institutions, such as Vital Brasil in Niteroi, Ezequiel Dias in Minas, and Osvaldo Cruz in Rio in order for the country to become self-sufficient in the production of immunobiologicals. As far as Yunes is concerned, epidemics cannot be resolved at the state level.

12857/12948
CSO: 5400/2058

BRAZIL

BRIEFS

PURPURIC FEVER INCIDENCE--If the four cases suspected of being "Brazilian purpuric fever" in children from the city of Castilho in the interior of Sao Paulo are confirmed, the number of victims of this new illness, which has already caused 18 deaths this year, will rise to 33. Solange Pereira de Lima, 4 years old, one of the children hospitalized at the Santa Casa de Andradina--near Castilho--suspected of having the illness, died last week. The cause of the fever is as yet unknown, but the director of the Center for Epidemiological Vigilance of the state secretariat of health, Alexandre Vranjac, said yesterday that weekly studies carried out by a group of specialists causes them to believe that it "is probably bacterial." Yesterday, after the fourth meeting of the epidemiological specialists, he clarified that the incidence of the fever "is of great concern, but not alarming." He guaranteed that "the studies are well under way." The only correlation with the illness found up until now is conjunctivitis. In almost all of the purpuric fever cases that proved fatal the children had conjunctivitis 15 to 30 days before. Upon noticing any symptom of this illness mothers should seek hospital assistance. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 24 April 86 p 20] 12857/12948

MENINGITIS IN BAHIA--The secretary of health of the state of Bahia, Ursicino Queiroz, 48, yesterday in Salvador confirmed the existence of 16 cases of meningococcal meningitis in Bahia, 7 of them in Salvador. Nine people have already died as a consequence of the illness. Although there are already 255 patients suffering from various types of meningitis, Queiroz affirmed "that there is no risk of an epidemic in the state." According to him, "every control measure for the illness has already been taken by the secretariat." [Text] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 1 Apr 86 p 23] 12857/12948

POLIO IN FEDERAL DISTRICT--It is not only in the northeast that children continue to be the victims of infantile paralysis. In the middle of the federal capital six cases of polio have been registered this year, which is quite serious since more than one case is considered to be an outbreak by the ministry of health. In order to avoid a spreading of the problem the secretary of health of the federal district carried out a massive vaccination on minors of less than 4 years of age in the satellite city of Guara, the closest to Brasilia center, and the site where four of the six registered cases occurred. This same type of vaccination was done last Saturday throughout the northeast where just this year almost 200 cases of poliomyelitis and 16 deaths have been registered, in spite of the frequent national vaccination campaigns carried out since 1980. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 Apr 86 p 9] 12857/12948

SYPHILIS, AIDS INCIDENCE--The number of cases of AIDS in Brazil has already reached 650 since the indentification of the disease in 1983. But a more serious problem among illnesses that are sexually transmittable is syphilis, which in Rio Grande do Sul alone affects 20,000 people per year. These were some of the conclusions reached by the 400 participants of the Congress of Sexually Transmittable Diseases and of the Latin American Conference on AIDS which were completed yesterday in Canela, 124 km from the capital. Considering the population of the country, the number of AIDs cases is not high. France, with a smaller population, has already registered 290 cases, according to specialists. Today, the majority of victims is concentrated in the large national urban centers, principally in Sao Paulo where there are already 400 known cases. Homosexuals continue to be the highest risk group (80 percent of the cases), and the reason is said to be their constant change of partners. Among the carriers of AIDS in Brazil, the number who are drug addicts is less than 15 percent, while this index in Puerto Rico, for example, is 35 percent. [Text] [Rio de Janeiro O GLOBO in Portuguese 22 Apr 86 p 4] 12857/12948

DENGUE FEVER, YELLOW FEVER VACCINATIONS--The minister of health, concerned with the proliferation of the aedes aegypti, the mosquito that carries yellow fever and dengue fever, is going to intensify vaccination efforts and the control of these illnesses, installing health posts along the principal roads leading to Amazonia and the central-west region, from where the illnesses have been imported. Authorities at the posts will ask to see vaccination cards, and those who have none will be vaccinated on the spot. The minister said yesterday that it will not be until tomorrow that it will be definitely known if the disease that has attacked more than 2,000 people in the Fluminense town of Nova Iguacu is really dengue fever. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 Apr 86 p 9] 12857/12948

CSO: 5400/2058

AIDS MEASURES, PROBLEMS, INCIDENCE DISCUSSED

Red Cross Insurance Cancellation

Vancouver THE SUN in English 8 Apr 86 p A6

[Text] TORONTO — Soaring premiums have forced the Canadian Red Cross Society to cancel its liability insurance on blood transfusions, but a spokesman denies the AIDS scare is the major reason for the increase.

"Blaming AIDS would be putting words in the mouths of the insurance companies," said Ian Morgan, the society's national director, administration.

Morgan said the society dropped its liability coverage on transfusions of blood and blood products after being told it faced a 10-fold increase in premiums.

The insurance companies cited a general increase in court awards in personal injury cases and "never mentioned" acquired immune deficiency syndrome, he said.

Asked if fear of AIDS was a major, if unspoken, reason for the increase, he replied: "Would it be eight times or would it be 10 times, who can say? . . . Everyone is facing major increases."

Morgan said the society is currently "self-insured" but refused to disclose the size of the fund it has set aside. Negotiations for financial backing are still going on with the provincial ministries of health, he said.

The Red Cross supplies blood to all Canadian hospitals for transfusions and has been screening for AIDS since November.

So far only 0.02 per cent of blood donations have been found to contain AIDS antibodies, indicating exposure to the disease.

Vancouver Test Results

Vancouver THE SUN in English 8 Apr 86 p A6

[Text] The Red Cross testing procedure for AIDS antibodies in blood donations may not be perfect, but "the blood supply is indeed safe," a spokesman for the Red Cross said Thursday.

"The chances (of AIDS-infected blood getting through) are so small that it should not concern anyone," said Ken Mews of the agency's blood transfusion service in Toronto.

"The test that we have is the best possible one that we can put up. It's the best that is technically possible."

Vancouver acquired immune deficiency syndrome researcher Dr. Richard Mathias said some blood donations from people with low levels of antibodies may not be picked up by the test.

"There's always been a debate about the levels. The test doesn't flunk, it's just not perfect."

Mathais said studies show between 98 and 100 per cent of AIDS-infected donations are picked up by the Red Cross test, and he said more false positives are likely to be found than false negatives.

"We take more blood out of circulation than is necessary and let as few slip through as possible."

Mews said about 0.4 per cent of donations appear positive after a second test at the Vancouver Red Cross laboratories. These donations are destroyed, and a sample sent to the national lab in Toronto. When the samples are retested, the total positive result is only about 0.03 per cent of all donations.

He said women are more likely than men to test false positive because they are more likely to have another antibody picked up in the test.

Windsor Areas Cases

Windsor THE WINDSOR STAR in English 24 Apr 86 p A3

[Text] Four new cases of AIDS in the Windsor area in 1986 confirm predictions the disease is expanding rapidly in Windsor.

"We're up to one new case a month now," said Dr. Phil Floret, associate medical officer of health for Essex County.

The new cases this year bring the number of local victims to 15, four of whom are still alive. Two of those diagnosed this year have died.

Last year, Dr. Floret predicted the disease would reach epidemic proportions within Windsor's high risk group — gay men and those who abuse intravenous drugs.

All of the Windsor AIDS victims have been members of the high risk group, according to the Metro-Windsor Essex County Health Unit.

AIDS — Aquired Immune Deficiency Syndrome — breaks down the body's natural defences.

Bar Association Report

Ottawa THE WEEKEND CITIZEN in English 26 Apr 86 pp A1, A28

[Text] TORONTO (CP) — Testing for AIDS should be mandatory for immigrants to Canada and potential donors of blood, organs and tissues, says a report prepared for the Canadian Bar Association.

The report, which rejects calls for a large-scale system of compulsory testing for the disease, says however, that it does make economic sense for life insurance companies to have the right to test potential clients for acquired immunodeficiency syndrome.

One section of the report which is bound to be controversial, says that school children who suffer from AIDS should not be identified to the principals, teachers or parents of other children at the school.

According to this proposal, only the school nurse, who is employed by the medical officer of health and not the school board, should be informed about students who suffer from the disease.

The report, prepared by 17 lawyers in the association's Ontario division, also rejects suggestions that a new law be enacted so that criminal charges can be laid against persons who knowingly transmit the disease. But the study, noting that civil cases have been launched in the United States, says similar suits could develop in Canada.

The report, which looks at how Canadian and Ontario law deals with the reporting and treatment of victims of AIDS, was accepted by the group's Ontario wing and now will be forwarded to the national association.

As of April 21, there were 534 reported cases of AIDS in Canada with 264 reported deaths. High-risk groups include homosexual and bisexual men, intravenous drug users, recipients of blood transfusions and prostitutes.

The study says AIDS should be defined as a virulent disease, which means affected patients could be ordered to get medical treatment and confined to hospital.

Noting that some members of high-risk groups distrust health care agencies, the study recommends that hassle-free clinics be established where patients could be tested anonymously for the disease.

All potential donors of blood, semen and human organs should be routinely tested for the disease. But, they should also be informed that they are being tested and any positive results will be reported to government agencies.

It dismisses the idea that prison inmates be forced to take an AIDS test. However, it adds, prisoners should be tested on a case-by-case basis and any prisoner who tests positive should be kept in medical isolation.

While it also rejected calls to test all armed forces' recruits, it says any military member who works in an area where the disease is endemic should be encouraged to take a test for AIDS.

Surgeons, dentists and other health-care workers who get a positive reading have an ethical responsibility to inform their professional licensing bodies.

Immigration, the report says, is a privilege, not a right, and therefore it is reasonable to require tests of potential immigrants.

Those who are found to have a positive reading on their tests should have their case deferred for three years.

It adds it has seen a number of pamphlets linking AIDS with homosexuality — "pamphlets that could only be described as hate literature against homosexuals."

It says current federal and provincial legislation is not adequate to prevent this discrimination.

National Advisory Committee Guidelines

Ottawa THE CITIZEN in English 30 Apr 86 p B1

[Article by Jane Defalco]

[Text] Children with AIDS should not be excluded from school, say new guidelines drafted by the federal National Advisory Committee on AIDS.

The guidelines are not binding. They say the child's right to privacy should be paramount and that school officials should not be informed a child has AIDS until special educational arrangements are required because of the student's condition.

Chairmen of three local school boards say they will follow the guidelines if the medical officer of health tells them to.

But regional medical officer of health Dr. Steve Corber refused to comment.

Carleton Board of Education Chairman Hal Hansen said his board will "abide by the advice of the medical officer of health."

Carleton Separate School Board Chairman Jocelyn Ladouceur said her board is working with Corber and following his rules in the matter.

"They are the specialists in the field and we're doing as they say."

Ottawa Board of Education Chairman Bill Gowling said the board would rely on the education ministry and public health officials to set any criteria that schools would have to follow in handling any cases of children with aids.

However, Gowling said he personally sees no problem with the guidelines as proposed by the National Advisory Committee.

The guidelines are the first official federal government policy on the management and care of school children with AIDS, says Dr. Alastair Clayton, head of the federal Laboratory Centre For Disease Control.

"Because of the panic and fears associated with this illness, confidentiality and the child's right to privacy should be paramount to prevent any social ostracism by classmates or teachers," say the guidelines.

However, the guidelines add that day-care workers should be informed if a pre-schooler has AIDS so they can take precautions against contracting the disease if they have to handle diapers that may carry the virus in feces or urine.

The federal recommendation, published in an April 19 bulletin to health care workers, is similar to one made in a report released this week by the Canadian Bar Association.

Clayton said the guidelines are not being distributed to school boards, but instead are being passed on to health care workers who are expected to informally discuss with parents and school staff the recommended approach to dealing with infected school children.

Local boards now have no policies that exclude children with AIDS.

So far, Corber has recommended, regardless of whether known cases are present, that all schools adopt good hygiene practices in handling mishaps where blood, stools, vomit or urine are involved.

AIDS, or Acquired Immunodeficiency Syndrome, is transmitted through bodily fluids and attacks the body's immune system.

The advisory committee guidelines for children with AIDS also state:

- If the medical officer of health decides to inform school officials, a meeting of the school principal, the child's teachers and parents should be mandatory to ensure everyone involved understands the situation and implications of any action taken.
- Each child should be assessed on an individual basis by the attending physician and officer of health to take into account the child's physical health and psycho-social aspects.
- An infected child should not be excluded from school unless the doctor and officer of health advise otherwise.

$39 Million Government Funding

Ottawa THE CITIZEN in English 2 May 86 p A11

[Article by April Lindgren]

[Text] A $39-million, five-year commitment to AIDS research and education announced by the federal government Thursday will rescue community support programs from their shoestring existence, says a spokesman for the AIDS Committee of Ottawa.

Bob Read said the additional money promised by Health Minister Jake Epp could be used by organizations such as the Ottawa AIDS committee to improve education among high risk groups and possibly even for a local AIDS information hotline.

Over the next five years, up to $25 million will be used to fund AIDS research, Epp said.

AIDS, a viral disease that destroys the immune system and is fatal in more than 95 per cent of cases, was first reported in Canada in February 1982. The disease is transmitted through the exchange of body fluids; high risk groups include homosexuals and intravenous drug users.

There have been 540 AIDS cases reported in Canada and more than 260 deaths.

To date, the federal government has spent about $4 million on all aspects of the AIDS problem. About $1.3 million went to research, a figure that has drawn criticism from health professionals.

"Obviously France and the United States have put far more research money into AIDS than we have," said Dr. Alastair Clayton, head of the Laboratory Centre for Disease Control at Health and Welfare.

The additional $5 million announced for this year by Epp brings the annual federal AIDS effort to $7 million.

Of the additional $5 million:

- $2.5 million will go towards research to be done primarily by university researchers.
- $700,000 is for campaigns to educate the public and health professionals.
- $700,000 is for community support programs for high risk groups.
- $890,000 goes to support a newly-created National AIDS Centre within Health and Welfare. The centre will provide policy support for the department, keep track of the incidence of the disease in Canada and co-ordinate departmental AIDS activities.
- $700,000 is for Health and Welfare Canada laboratories for the development of new diagnostic tests and to train staff in Canadian centres in virus culturing techniques.

/13104
CSO: 5420/70

SARNIA CHILDREN AFFLICTED BY E. COLI BACTERIA IMPROVE

Toronto THE GLOBE AND MAIL in English 7 May 86 p A24

[Text]

Normal kidney functioning is starting to return to three Sarnia, Ont., children afflicted by the same rare bacteria that killed at least 17 elderly residents last year at London's Extendicare nursing home.

The conditions of the three kindergarten pupils were upgraded to serious yesterday after they began producing urine for the first time since they were admitted to London's Victoria Hospital 2½ weeks ago.

Previously, the three were in critical condition after suffering kidney failure because of the E. coli microorganism that was also detected in 24 other students from Queen Elizabeth Public School in Sarnia.

The school's kindergarten and junior kindergarten grades were closed by the Lambton Health Unit on April 22, but were to re-open today.

Dr. Timothy Frewen, director of Victoria Hospital's pediatric critical care unit, said yesterday that the improvement of the three children offers hope that their kidneys may return to normal.

/13104
CSO: 5420/70

CANADA

BRIEFS

MANITOBA MEASLES CASES--An annual event held by students in Western Canada and two U.S. states to model the United Nations Assembly has been cancelled because of the measles. Students in North Dakota and Minnesota are not being allowed to cross the border into Manitoba, said Dean Cousens, chairman of the sponsoring Winnipeg Rotary Club. There have been more than 2,000 cases of measles in Manitoba since the fall and U.S. officials feel contact with young people could worsen the situation in the two states, which have had about 20 cases. [Text] [Toronto THE GLOBE AND MAIL in English 5 May 86 p A24] /13104

CSO: 5420/70

DENMARK

NATIONAL HEALTH AGENCY ISSUES STATISTICS ON AIDS DEATHS

Copenhagen AKTUELT in Danish 6 Apr 86 p 3

[Article by Ismail Kristensen: "Fifty-One Danes Dead from AIDS"]

[Text] Fifty-one Danes have died from AIDS after the disease was ascertained for the first time here at home. This is shown by the Health Administration's latest figures prepared on 3 April.

Six Danes died from AIDS from 1981 to 1982. The number or deaths rose to 10 in 1983, while 12 died of the disease in 1984. Last year 22 died, and a single death has been ascertained for the present during the current year.

"We at the Health Administration are working on a more united plan for an intensified effort to stop the spread of the infection here at home. The effort up to now has been insufficient, and the Health Administration to begin with will discuss the plan with the Ministry of the Interior with a view toward a greater effort to get the special-risk groups to change their sex habits. The special-risk groups will be, to begin with, male homosexuals and drug abusers," Physician Michael von Magnus says.

"For drug abusers the goal must be especially to get them to use one-time hypodermic needles, whereby the spread of the infection can be stopped."

"The development here at home has also gone in the direction of the fact that we have fewer new drug abusers, with a considerable group of older abusers--with an average age of about 30--who have been through countless offers for treatment, without its having been successful."

"For this reason we must certainly also work toward a more varied treatment opportunity for this group. If we do not make more varied treatment offers--with methadone treatment, for example--we will not get a grip on this large group."

"The average hospitalization period for an AIDS patient is 100 days--equaling a cost of a half million kroner--which represent enormous sums to save for the society if we can halt the growth of the disease."

This is quite cynical arithmetic.

"The human suffering associated with the disease cannot be summed in money," Michael von Magnus says.

Swedes Being Examined

The first AIDS examination of a total group has become a reality in Sweden, where 10,000 men aged 20 to 65 in the Kalmar area are to be examined. The plan will possibly be extended so that it will come to include all men in Kalmar County.

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CSO: 5400/2538

EVERY TENTH NARCOTICS USER FOUND INFECTED WITH AIDS

Copenhagen BERLINGSKE TIDENDE in Danish 16 Apr 86 p 3

[Article: "Every 10th Narcotics Addict Infected with AIDS"]

[Text] Enköping (TT [Press Wire Service, Inc.]). The majority of narcotics addicts in the Nordic countries are not infected with the HTLV-III AIDS virus, it was learned from a Nordic conference on narcotics abuse and AIDS in Enköping, Sweden, Tuesday, in which 500 politicians, officials and experts took part.

There are, at a rough estimate, 20,000 needle-using narcotics addicts in the North, and it is estimated that only one out of 10 is infected with AIDS. But foreign experiences have shown that the infection spreads rapidly among this set, and the number of infection carriers has doubled in a half year in the North.

There have not yet been cases of the disease among drug abusers in Denmark, but there are a couple of hundred carriers of the infection in Copenhagen, Peter Ege of the Danish Alcohol and Narcotics Council related.

He was among those participants who stressed the importance of finding forms of treatment which are easy for narcotics addicts to get to. To begin with, this is a question of coming in contact with as many as possible and then to collect and channel them to more specialized treatment and curing of their dependence, before they become infected.

But although the conference believed that contact with the narcotics abuse group is too little, there is already a shortage of dependency-breaking offerings. The fear of AIDS has resulted in the fact that many who were not interested before have sought help, and it has been difficult to get a treatment system built up at the speed which is necessary.

8831
CSO: 5400/2538

COUNTRY ASSUMING LEADING ROLE IN AIDS, TROPICAL DISEASE RESEARCH

Copenhagen BERLINGSKE AFTEN in Danish 11-17 Apr 86 p 6

[Article in "Debate" section, by Ib Bygbjerg: "Viewpoint: Denmark's Role in AIDS and Tropical Disease Research"]

[Text] Wholehearted support from our privileged society is necessary if we are to get further in both AIDS research and in the fight against other serious infectious diseases which still make WHO's goal of health for all by the year 2000 utopic, writes First Resident Ib Bygbjerg of Rigshospitalet's [the National Hospital's] Epidemiology Department. Bygbjerg, who is also the president of the Danish Society for Tropical Medicine, at the same time points out a simple and ingenious method of identifying antibodies.

Research assumes, among other things, the ability to combine observations and to find new or larger connections.

Twenty-five years ago an English physician, Dennis Burkitt, was able, in the middle of his work at a mission hospital, to characterize a distinctive cancer tumor in Kenyan children. Then he charted the spread of the cancer in tropical Africa. It corresponded precisely to the spread of malaria. He was also able to send tissue specimens to researchers at home. One of these, Epstein, found in the specimens a virus--the first cancer-causing human virus. The Epstein-Barr virus was then detected in patients outside the tropics with a totally different disease picture--mononucleosis ("kissing disease"). That this virus also can result in cancer is probably due to the fact that chronic malaria or other infections are breaking down African children's immune defense.

The center of New York, Manhattan, has long had the nickname "the Tropical Island" because of the frequent incidence of parasites (amoebae), bacteria (among other things, certain exotic venereal diseases) and viruses (hepatitis B = infectious liver inflammation virus) among homosexuals--infections which otherwise are found especially in the tropics.

A new disease was discovered among homosexuals in the USA in 1981 and it quickly turned out that the same disease--AIDS--was widespread in tropical Africa, from which it presumably stems.

If one wishes to learn more about this disease, which is spreading explosively in both places, it is natural to compare homosexual New Yorkers with African prostitutes. Especially if it is feared that the disease can spread to heterosexual men and women as well as children in the USA and Europe. In Africa women and children are hit by AIDS almost just as frequently as men.

When it is suspected in addition that the interplay between viruses (the basic cause of AIDS is, as we know, a virus), bacteria and parasites is decisive for whether the AIDS infection will develop into an actual disease, and when it is known that the most frequent cause of death among AIDS patients is parasites, it stands to reason to study populations which are infected with such microorganisms simultaneously.

We know that malaria and other parasitic diseases can break down the defense apparatus (the immune system). Besides, it is enormously difficult to develop vaccines against, for example, malaria, bilharziosis and sleeping sickness, since parasites can mutate or mask themselves so that our immune system is fooled, even if it is not broken down.

The AIDS virus has the same alarming ability to break down or fool the immune system.

One of the hottest questions is which of the hundreds of thousands of those infected with AIDS will succumb and why. What contributing factors (infections?) are decisive?

Another decisive question is whether the infection of heterosexuals occurs just as easily as of homosexuals, or whether the AIDS virus is especially transferred if one has other infections at the same time.

These questions are naturally occupying the physicians, researchers and authorities who must contain the AIDS epidemic. If we do not get an answer soon, the prospects for preventing the spread of infection and development of the disease among those already infected will be gloomy.

In the last 10 years the World Health Organization, WHO, has attempted to get the developed, rich part of the world's researchers to become interested in the major neglected tropical diseases. This has provided us with new knowledge, not only to the benefit of the millions in developing countries who suffer from these diseases (and those Europeans and others who are infected during stays in the tropics), but also to the benefit of ourselves. We have gained significant new knowledge of basic disease mechanisms for non-tropical diseases also, for example, arthritis diseases and allergy diseases, by studying the immune system's reactions to exotic parasites.

Denmark is holding its own finely as far as financial contributions to WHO's tropical disease research program are concerned. In the first six years we have given more than the USA, England and France--combined! Over 250 million kroner to date. Unfortunately, Danish researchers have only to a very limited extent gotten a share of this money. The valuable Danish tropical disease research which has originated in recent years has had straitened circumstances because of a lack of international contacts or foresight by the appropriating authorities--and by researchers themselves. We obviously prefer to send our contributions to other countries' laboratories.

AIDS research in Denmark is becoming internationally recognized, but here too an understanding of the need of supplying research with the most necessary money has been lacking. It is becoming tempting for a young researcher to go abroad, who mostly has to use his time here at home to fight for money to finance his projects.

Has not the time come for a highly developed country like Denmark to become conscious of its role as an equal joint-effort partner in research and the fight against the major infectious diseases which threaten the world's and our own health?

Both in AIDS research and in tropical disease research there is a need for simpler, less expensive and more precise methods for the detection of germs themselves or antibodies against them. Access to high technology and specialized knowledge are required for this. This is true also for the development of a simple antibody method for the detection of the AIDS infection in an African village. It is now possible to detect antibodies of some parasites by a simple "blotting paper" method. A couple of drops of blood on a piece of filter paper are enough for antibodies of, for example, malaria and measles, to be able to be detected by sensitive methods, which, among other things, has been demonstrated by Danish researchers.

Advanced basic and purposeful laboratory research must go hand in hand with epidemiological research on a down-to-earth plane in the field, across professional and geographical boundaries.

Coordinated research on tropical infections and AIDS will be less expensive and will produce more valid results than isolated research.

An obvious example is the recent recognition of the fact that false positive AIDS antibody tests--which are far more frequent than genuine positive tests in Africa--are perhaps associated with widespread malaria.

We should also be able to afford here at home a coordinating agency for research into global health problems and an institute which is occupied with research both on AIDS and tropical diseases.

At least there should be money for and interest in supporting, for example, Danish missionary physicians in Central Africa, who via their thorough acquaintance with local disease patterns, manners and customs can provide us some of the most important information regarding AIDS' natural history--for the least money, just as Dennis Burkitt could when he charted the form of cancer which now bears his name. Unfortunately most physicians in the tropics have enough to do caring for the innumerable patients who are suffering from other infectious diseases.

Wholehearted support from our privileged society is necessary if we are to get further both in AIDS research and in combating other serious infections which still make WHO's goal of health for all by the year 2000 utopic.

Each AIDS patient here at home costs one million kroner to care for until he/she dies. Every year one million children die in Africa from malaria.

Can we afford to and do we have the conscience to refrain from going more actively into AIDS and tropical disease research?

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BRIEFS

INCREASED AIDS RESEARCH FUNDING--The government will appropriate six billion kroner more for AIDS research, Education Minister Bertel Haarder (Liberal Party) reported on Friday. It is a petition from the Medical Research Council which got the government to cough up with a larger appropriation for research on the serious disease. "And the money will not be taken from other research projects. It is accordingly a question of an increase in the total research budget," the education minister assures. "The size of the amount was decided by the Medical Research Council, and that it is not larger is because other research fields also need support," Bertel Haarder said. [By RB] [Text] [Copenhagen INFORMATION in Danish 5-6 Apr 86 p 20] 8831

CSO: 5400/2538

SENIOR MEDICAL OFFICIAL DISCOUNTS REPORTS OF WIDESPREAD AIDS

Copenhagen BERLINGSKE AFTEN in Danish 4-10 Apr 86 pp 1, 2

[Article by Øjvind Kyrø: "Relief in Greenland: Greenland Is Not Infected with AIDS"]

[Text] Everyone feared that an AIDS epidemic would devastate Greenland when it was learned that three Greenlanders carried the virus. But a major study of the high-risk group shows that no others have been infected.

Assistant Surgeon General Jens Peter Brandstrup breathed more easily after he had received on Tuesday in Nuuk the long-awaited report from the State Serum Institute in Copenhagen: None of the 1570 people who were examined in Greenland carry the AIDS infection.

Both Home Rule Government President Jonathan Motzfeldt and Greenland Minister Tom Høyem, by the way, almost panicked when it was learned in October of last year that three homosexual Greenland men carried the fatal virus in their blood. All three had been infected in Denmark and since then have received precise instructions on how they are to avoid infecting others.

In consideration of the fact that the incidence of venereal diseases in Greenland is 100 times higher than in Denmark, politicians and health authorities feared the worst and for this reason a major study was begun to find out how widespread the infection was.

Blood tests were taken of the 1570 Greenlanders who visited clinics for venereal diseases to be examined for gonorrhea or syphilis. A small number, 78 people, said no thank you to being tested for AIDS antibodies.

The samples were flown to the State Serum Institute's new AIDS laboratory in Amager, where it was ascertained that 18 had syphilis--which is a normal number for the time of year--and that none had the feared AIDS antibodies in them. Only two of the tests were doubtful. "We judge them as negative, but for safety's sake we are doing them over," says Chief Physician Nils Strandberg Pedersen of the Serum Institute's department of treponematosis, which is medical Latin for syphilis.

"It is the right risk group which we studied in Greenland," Strandberg Pedersen says about the good 1500 people examined, who consist mainly of young urbanites. "But it is not my impression that sexual activity in Greenland has declined because of the AIDS danger," the chief physician says, with reference to the constant number of syphilis patients.

"It is nice that a high-risk group like this one has not been infected," Greenland Assistant Surgeon General Jens Peter Brandstrup says, who announces that in a year's time the study will be followed up by a new one.

The Danish health authorities are also relieved: "It is a gratifying result," Chief Physician Michael von Magnus of the Health Administration says. "But the risk of spreading to heterosexuals is greater than it is in Denmark. If the AIDS virus is introduced here it will result in immensely serious problems. Therefore, we should not fail to continue the information campaign which is under way in Greenland regarding how to prevent the disease."

Fight Over Every Krone

A study which was carried out in the late summer of 1985 at Hvidovre Hospital will soon be published in Denmark. Here 101 prostitutes from Greater Copenhagen massage parlors were examined and Physician Kim Krogsgaard reports that none of them had AIDS antibodies in them, and that the number of them who previously have had syphilis corresponds approximately to the incidence in the rest of the Danish population, i.e., two cases out of 101 examined. "It is surprising that there are not more cases in a group with so many sexual contacts," Kim Krogsgaard says.

But the situation is different and gloomier when it concerns narcotics addicts who practice prostitution. In the recently appearing issue of UGESKRIFT FOR LAEGER [DOCTORS' WEEKLY], it is recorded that in 1983 none of the narcotics addicts examined carried the AIDS infection, but in 1985 the figure was 33 percent; 9 out of 27 narcotics addicts examined were infected. Of the five women, four of them were prostitutes. "With the large number of sexual partners these narcotics addict prostitutes have it can be feared that a diffuse and uncontrolled spread of the LAV/HTLV-III infection (the AIDS virus (ed.)) can take place out in the heterosexual population," the article's 11 authors conclude.

In an editorial in the weekly it reads, in light of estimates that there will be 1000 to 2000 new AIDS patients over the next three to five years: "In consideration of what enormous sums are at stake in the hospital system, it is strange that it has been--and still is--so difficult to get funds released for prevention of the sexually transmitted AIDS infection, which is by far the most important for the spreading of the epidemic. Here at home there has been a fight, so to speak, over every single krone to be used to fight the epidemic."

According to the present plans, 80 percent of the total outlays for the AIDS epidemic are to be used to treat patients, while less than 5 percent are to be used to prevent the remaining 95 percent of cases.

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CSO: 5400/2538

MINISTER COMMENTS ON NEW CONTAGIOUS DISEASES LAW

Helsinki HUFVUDSTADSBLADET in Swedish 19 Apr 86 p 7

[Article by Tommy Westerlund]

[Text] The deadly disease AIDS is not referred to specifically in the new contagious diseases law which will take effect as of 1987. The Ministry of Social Affairs and Health does not find that any special provisions should be adopted, as far as AIDS is concerned.

Many feared contagious diseases have, in time, disappeared from our country. Nevertheless, it is still important to be on one's guard, which, for example, was proved by the polio epidemic a couple of years ago. One has to be constantly prepared to fight contagious diseases.

In addition, several previously unknown contagious virus diseases have been encountered. In this context, AIDS is the foremost example.

Yesterday, the government presented parliament with a bill governing contagious diseases. The purpose of the new legislation is to unite the efforts to combat contagious diseases.

At present, provisions regarding contagious diseases are included in a large number of laws and statutes. Today, these diseases are referred to and discussed in the Public Health Act, the Immunizations Act, and special enactments governing tuberculosis, veneral diseases and cholera.

AIDS

No special provisions have been included in the text of the law regarding AIDS, which probably is the disease that is the most discussed today. Finland is thus not following the example of Sweden, which has prepared provisions which make it possible to commit and isolate persons with the disease.

According to the Ministry of Social Affairs and Health in this country, it is primarily for other reasons that certain AIDS patients are committed in Sweden. It is more or less a question of narcotics addicts who also need other care.

"Coercive measures have but little significance, as far as Aids is concerned, and may even be harmful if persons infected with AIDS dare not seek help for fear of commitment or isolation," says Minister of Social Affairs and Health Eeva Kuuskoski-Vikatmaa.

"No lasting results are achieved with commitment and isolation since the disease cannot be cured. A person who has been infected with the disease will carry the virus for the rest of his life, and nobody can be excluded from the society for life."

"On the other hand, more resources ought to be granted for dissemination of information on the disease and improving the research on the virus," she points out.

Three Groups

The new law divides contagious diseases into three groups. Dangerous contagious diseases, notifiable contagious diseases and other contagious diseases.

Under dangerous contagious diseases are such contagious diseases that spread at an almost explosive rate and cause many deaths or have permanent effects. Such diseases are, for example, cholera, polio, the plague, syphilis and tuberculosis.

Notifiable diseases are such contagious diseases, the spread of which can be, and ought to be stopped by referring disease carriers for examination. Under this group are diseases which primarily are spread through sexual contact.

HTLV-III Should Be Reported

The government proposes that HTLV-III, thus the AIDS virus, Chlamydia infections and gonorrhoea should be classified as diseases that should be reported. Each time a physician observes these diseases, he ought to make a report to the authorities, which, in turn, will have to adopt measures to prevent the spread of the disease.

The classification of contagious diseases is made through various orders, so that it may be more easily changed when needed.

Immunizations

Contagious diseases will also in the future have to be fought primarily by way of dissemination of information and preventive measures, especially immunizations. The law therefore also contains provisions regarding compulsory immunizations. According to the bill, the government may make decisions concerning obligatory immunizations when necessary.

The law also provides possibilities for other compulsory measures, such as isolation, health examinations, commitments and restrictions regarding work.

Such measures will, however, only be resorted to in extreme emergencies. Persons who have become infected with dangerous contagious diseases may be isolated, for example, if he refuses to subject himself to measures that are necessary to prevent the spread of the disease, thus if he refuses to be committed.

Such compulsory measures are very rare with us; in general, people take a positive attitude to the restrictions that are needed to stop the spread of an epidemic.

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GUYANA

BRIEFS

MALARIA OUTBREAK--There is an outbreak of malaria affecting 400 families in Bonasika Creek. It is reported that 3 persons have died so far. The health authorities have been informed but no health official has yet visited the area to assess the situation. In the current debate on the budget speech, UF and PPP speakers pointed to the return of malaria. Dr Van West Charles, Health Minister, said it was happening in many countries. He said malaria was never wiped out from Guyana, only from the coast. Mrs Jagan (PPP MP) said, "I challenge that." WPA's MP has been asked to make representations and will do so today. [Text] [Georgetown OPEN WORD in English 10 Mar 86 p 3] /9317

CSO: 5440/082

HONG KONG

BRIEFS

MOSQUITO MALARIA THREAT--Mosquitoes at home and abroad are a danger to Hongkong people, according to the Medical and Health Department. Over the past three years the number of imported malaria cases has risen from 94 in 1983 to 162 last year. People traveling through Hongkong from countries where malaria is endemic--including China, India and Pakistan--make up most of the victims recorded in the territory. "There is a great risk of malaria parasites being brought in by travelers from malaria endemic countries," said a department spokesman. Only a fraction of the cases reported in Hongkong are due to the anopheline mosquitoes which breed in parts of the New Territories near the closed border areas. Visitors to the New Territories should take repellant sprays and mosquito nets if they plan overnight trips, the department advises. "But the best preventive measures would be to stop mosquitoes from breeding," said a spokesman. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 7 Apr 86 p 23] /9317

CSO: 5440/079

SCIENTISTS DEVELOP NEW ANTIRABIES VACCINE

New Delhi PATRIOT in English 25 Apr 86 p 4

[Article by V Lalitha]

[Text]

India will soon start production of a new inactivated anti-rabies vaccine based on research work carried out at the Pasteur Institute of India, Coonoor in Tamilnadu. This vaccine, more efficacious and with various clinical properties, will completely replace the carbolised anti-rabies vaccine used at present in all rabies cases in the country.

India today needs on an average about 3.5 million doses, each of 10 ml, of anti-rabies vaccine a year, and according to scientists at the Haffkine Bio-Pharmaceutical Corporation Limited, a Government of Maharashtra Undertaking and a major producer of the carbolised anti-rabies vaccine in India, the entire needs of the country are met by indigenous production.

The regular production of the new vaccine, developed on the basis of tissue culture from a special strain of the rabies virus, will commence within the next three to five years. Within a period of eight years the entire requirement of the country would be met by the new vaccine.

A definite advantage of the new vaccine is that it is less painful in administration. Also, it is more effective, less toxic and only a small quantity is required to be injected in a lesser number of doses. It can be used in preventive as well as curative therapies.

"The research in tissue culture at the Pasteur Institute is in progress and once this technique is standardised, the know-how will be shared with other vaccine producers in the country, enabling a concerted production drive", said Dr F L Saldanha, general-manager of the Haffkine Bio-Pharmaceutical Corporation.

The carbolised anti-rabies vaccine is produced from the brain of sheep. The attenuated rabies virus is injected into the brain of sheep and allowed to grow there. After a specific period, the infected brains are removed and processed to obtain a 5 per cent suspension. The suspension is then treated to make it render immunity when used on humans and not cause rabies.

Recently the inactivation process was changed to the BPL (Beta Propiolactone, a chemical) process in order to increase production of the vaccine. However, the acute shortage of BPL prevented the process being completely adopted at the vaccine producing centres.

The carbolised anti-rabies vaccine is administered only as curative therapy. It is normally given as subcutaneous injection on the abdomen, for 14 continuous days in case of serious dog bites, or in lesser doses, depending upon the nature of injury and age of the victim. The administration of the vaccine is painful and with rare cases of reported side-effects. The cost of one dose (10 ml) of the vaccine is around Rs 20, but it is normally given free of cost in Government-run hospitals.

The new vaccine is effective both in preventive and in curative therapies. In preventive therapy two subcutaneous injections of one dose (two ml) are given at intervals of one month. Normally after these two injections, most of the patients acquire antibodies to neutralise any rabies virus. A booster dose of two ml is given after about one year. The immunity after this course is found to last for several years.

In curative therapy, subcutaneous injections are given on the day of bite or the nearest possible day, on the third day, on the seventh day and on the 14th day, followed by boosters on the 30th and 90th days. Persons who have taken vaccines earlier have to take reduced number of injections depending on the antibodies control. The new vaccine can be administered by deep subcutaneous route in the arm, in the deltoid zone or through intra-muscular route in the upper external quadrant of the buttocks.

The carbolised vaccine is at present produced by government and public sector units including the Haffkine Bio-Pharmaceutical Corporation, the Central Research Institute, Kasauli, the Pasteur Institute and the Vaccine Institute, Baroda.

Some private sector pharmaceutical companies import anti-rabies vaccine produced under the tissue culture process using living cells, including human diploid cells as the medium. The cost of the two ml vial of the imported vaccine is around Rs 300.

Says Dr Saldanha: "Once the Coonoor project succeeds, the new vaccine can be produced on a mass scale by various government and public sector units to meet the needs of the country". He also hopes that this would not only make India self-sufficient in anti-rabies vaccine, but would also save foreign exchange by way of import substitution.

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CSO: 5450/0135

FIRST AIDS CASES DETECTED IN TAMIL NADU

Madras THE HINDU in English 30 Apr 86 p 1

[Text] NEW DELHI, April 29.

The dreaded AIDS (Acquired Immune Deficiency Syndrome) disease has come to India and the first few cases have been detected in Tamil Nadu. This startling information was given by the Union Health Minister, Mrs. Mohsina Kidwai, this evening in both Houses of Parliament.

Promiscuous behaviour: According to the Minister, nation-wide surveillance studies initiated by the Indian Council of Medical Research had shown that six women in Tamil Nadu, known for promiscuous heterosexual behaviour, had been infected.

The Minister, however, did not give details of the place where these cases were detected.

Mrs. Kidwai assured the House that the situation was under close and constant surveillance. The ICMR, she said, had already established AIDS surveillance centres in seven cities—Pune, Vellore, New Delhi, Delhi, Srinagar, Madras and Calcutta. The number would be immediately increased to cover all parts of the country. Eventually, one centre would be set up in each state. A separate cell was being established in the Directorate-General of Health Services. It would work in close liaison with the cell already functioning in the ICMR.

Awareness campaign: An intensive education campaign about the nature of AIDS infection was being mounted. The medical profession was being mobilised along with the public through nationwide campaigns. Scientific institutions had been identified and were already engaged in work leading to the identification of the virus in precise terms. At the same time, the six cases identified were being treated to ensure that the infection did not spread.

No import of uncertified blood: Mrs. Kidwai said instructions had been issued to stop the import of blood and blood products without certification of freedom from AIDS contamination. Advance action had been initiated to have Indian scientists trained in the sophisticated methods of investigating this disease. It would no longer be necessary to have confirmatory tests done abroad.

The Prime Minister, Mr. Rajiv Gandhi, who made a mention of this at the National Development Council meeting, exhorted the Chief Ministers to be careful and take necessary steps to contain it as early as possible.

Traced to vigilance home

Our Madras Staff reporter writes:

Enquiries in Madras show that the AIDS cases have been traced to a vigilance home in the city. The State Government has been quietly studying the cases of 107 women inmates of the home for the past three months. Blood samples were taken and sent to Vellore, Delhi and other places for examination. The presence of AIDS infection was suspected in six of these cases, it is reported. The issue is expected to figure in the State Assembly tomorrow.

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CSO: 5450/0136

PAPERS REPORT MEETING OF TUBERCULOSIS GROUP

Efforts To Detect

Bombay THE TIMES OF INDIA in English 20 Apr 86 p 8

[Text] NEW DELHI, April 19: The tuberculosis Association of India has set for itself the target of detecting 1.4 million new TB cases in 1985-86. Detection in the rural areas in particular will be speeded up.

Community health workers and health guides in villages are being encouraged to detect and bring suspected cases to centres where they will be treated. Control and elimination of tuberculosis is considered vital to achieve the "health for all" target by the year 2000.

At the annual general meeting of the association it was pointed out that there were about ten million TB cases in the country of which about 25 per cent were infectious. Every three to five years, TB surveys are conducted in Bangalore, Delhi and Thiruvellur in Chingelpet district of Tamil Nadu. About 1.5 per cent of the population is found to be afflicted with the disease.

Dr. M. D. Saigal, chairman of the association, said TB was not on the increase but far greater control of the disease was needed. The mortality rate had dropped from 300 to 40 to 60 per 100,000 population. There was also a definite change in the pattern of the disease. Whereas earlier very young people were contracting the disease now people over 40 were more susceptible to it.

Despite the earlier controversy about the need for BCG vaccination, the association feels it is vital because it does give a certain protection from the disease.

The Maharashtra Anti-TB Association was awarded the Khushi Ram shield for outstanding performance. The Andhra association has won the award for general activities and the Tamil Nadu and Kerala association for the TB seal campaigns.

Situation in Delhi

New Delhi PATRIOT in English 19 Apr 86 p 3

[Text] Over 80,000 persons in Delhi have been found to be suffering from tuberculosis and at least 20,000 need urgent medical treatment, according to an ongoing survey of the TB Association of India.

The figures on TB incidence in Delhi was revealed by the Association's technical advisor Dr S R Pamra, who said at least 20,000 cases were infectious and needed to be segregated.

The ongoing survey has further revealed that of the massive figure, only 35,000 cases, from different parts of the Capital, were actually under treatment, while only a mere 12,000 patients had been diagnosed. Over 50 per cent of the TB patients were described as "unknown" as they had not been diagnosed.

In a bid to detect and treat TB

patients in Delhi the Association, an autonomous body, kept over 30,000 persons in the Jama Masjid area under surveillance since 1962 and found that out of every 100 TB patients, only 33 were females.

Talking to newsmen, Dr Pamra spoke of public ignorance and said that recently it was found that of the total number of "suspicious cases" of TB, only a mere 20 per cent were going to the New Delhi TB Centre, while the rest went to private clinics and hospitals to finally return to the clinic 18 months later.

Target sections: Speaking of the poor in India being the target of TB. Dr Pamra quoted a twenty-year old survey stating that over 50 per cent of class four employees of the Central Secretariat had been found to be afflicted by the disease.

"The situation has not changed much", he said adding that in poor houses and mental asylums TB was found to be more prevalent than in other pockets of the city.

The Association authorities said that the target of the national TB policy was to vaccinate urban newborns with BCG within three days of birth, while in the rural areas the target was one year after birth.

The technical advisor has warned that the tuberculos bacillus can stay alive for six hours in direct sunlight after leaving the mouth of the patient. In dark areas the bacillus can remain virulent for even a fortnight.

The health authorities were diagnosing about 1.3 million persons a year in India. Some 2.5 million fresh cases were coming up in the period leading to an evergrowing backlog, because of the lack of health education and shortages in medical and human resources, Mr Pamra pointed out.

At the TAI's 47th annual general meeting on Friday, the experts stressed on the need for integrated health units to tackle the TB menace in India.

Dr Pamra said that about 1.47 per cent of the Indian population suffered from the dreaded disease, meaning that there were some 10 million patients spread over 490 Indian districts of which 364 districts were under the care of TB experts and workers.

The TB Association has submitted a Rs 140 lakh proposal to fight tiuberculosis.

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CSO: 5450/0134

HIGH RATE OF TB QUESTIONED, MAY BE PASSED ON TO CATTLE

Dublin IRISH INDEPENDENT in English 23 Apr 86 p 3

[Article by Gerry Mulligan]

[Text] HIGH incidence of TB among Irish people may well account for the continued existence of the disease in the national cattle herd — with humans transmitting it — a seminar was told yesterday.

A British expert on bovine TB, Mr. C. H. Collins, pointed out that at present there is a high degree of infection among Irish people which is largely undetected.

The paper read by Mr. Collins to the Dublin seminar on "Animal Health: THE Control of Infection," may cause some controversy in view of the Government's cash-cuts which have hit the cattle TB testing programme.

Constant testing is one of the most effective ways of controlling iut, Mr. Collins stressed, speaking after his lecture at the Royal Irish Academy.

The continued high levels of TB in cattle is probably due to the poresence of the disease among people who are capable of transmitting the disease onto animals," Mr. Collins pointed out.

Animal husbandry and welfare is very good in Ireland, making it difficult to understand why TB has not been eradicated here when it has almost being wiped out in the U.K., he added.

"I believe there is a lot more TB among people in Ireland," he said. The considerable degree of cattle movement in Ireland also helps to spread the disease.

Mr. Collins also questioned whether recent claims about badgets as being among the main TB carriers were well founded.

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CSO: 5440/080

KENYA

HIGH INCIDENCE OF HYDATIDOSIS IN TURKANA DISTRICT REPORTED

Lusaka ZAMBIA DAILY MAIL in English 19 Apr 86 p 4

[Article by Hadara Tsefay]

[Text]

LOOKING at her belly, you would not have doubted the woman was eight months pregnant, except for the wrinkles on her face, which were those of a grandmother.

She was elderly alright, but not pregnant. She suffers from hydatidosis or hydatid disease, a common ailment among the Turkana people of north west Kenya.

The Africa Medical and Research Foundation (AMREF) is concentrating on a programme on the control of hydatidosis in the Turkana district.

To provide health services to rural folk, Amref has been working to combat hydatidosis in Turkana for several years. The prevalence of the disease in the area was noted by Amref scientists in 1958.

The occasional occurrence of the disease has been recorded in other parts of Kenya as well. It's incidence in the country was first reported in 1915.

The cycle of Hydatidosis at the primary level is between wild carnivores and wild herbivores. The secondary cycle is in dogs and other domestic animals. Animals like lions, jackals, hyenas, cattle, sheep, goats, camels, and human being are also hosts of the disease. The main source of infection for human lies in the domestic circle.

Hydatid disease is caused by the tapeworm of dogs through the larval stool of the parasite taeniid Echinococcus gronulosus. Human beings get infected when they eat the worm of the parasite through contaminated food or water.

The parasite enters the human body where it forms a cyst of up to 20cm diameter, mostly in the liver and lung. Children are more vulnerable to the disease due to frequent contact with dogs.

The infection is unspecific in the beginning but the body swells later as the cyst enlarges. The cyst in human is single while in animals is multiple and found in more than one organ.

According to the study conducted by Amref researchers, the prevalence of hydatidosis in Turkana is two cases per 1,000 people annually. In cattle, sheep and goats it is 2 out of a 100 and in camels is 80 out of a 100 in the respective animal groups.

The incidence of the disease, particularly in Lokichogio and Lodwar — currently control areas — is said to be the highest in the world. About 5 per cent of the human population in the two areas is infected by the disease.

The prevalence of the disease in Turkana is due to the large dog population which is estimated at 50,000. The living conditions of the people, who are mostly nomadic pastoralists, is another factor.

Turkana is a district usually stricken by drought every five to 10 years. The human and livestock populations which perish from famine offer dogs easy access to the infected carcasses. Under these circumstances the rate of infection of dogs may rise up to 70 per cent.

It is worth mentioning that the Turkana do not bury their dead hence the dead are eaten by dogs and wild animals. This is another contributing factor to the prevalence of the disease in the area.

Hydatidosis, which is of major economic and medical significance throughout the world, is common in the northern part of Africa particularly Tunisia, Libya, Morocco, Algeria and Egypt. Its incidence is high in livestock and very low in humans.

In the neighbouring countries of Kenya, people living under the same conditions as the Turkana are most likely to experience hydatid disease.

In the neighbouring countries of Kenya, people living under the same conditions as the Turkana are most likely to experience hydatid disease.

Countries like Austria, New Zealand, Tasmania, Cyprus, Argentina, Uruguay, Falklands, who mostly engage in livestock breeding, have minimised the scourge of the disease through effective treatment and intensive educational programmes.

Hydatid disease has grave consequences on the economic development and human existence of any country. High cost of treatment, loss of income and productivity, incapacity to work, disability and death follow infection.

In view of the seriousness of the problem, Amref launched a hydatidosis control programme in Lodwar and Lokichogio areas of Turkana district.

The programme, which is financed by Leverhulmie Trust UK, the European Economic Community (EEC), Amref-Germany and the Australian government have various objectives. One is to carry out epidemiological studies into hydatid disease using parasitological, serological, immundiagnostic and radioserological techniques which could be replicated in similar areas affected by the disease.

Another is to determine the recurrence rate of treated cases. The third is to develop and implement a control methodology in a select pilot area in collaboration with government authorities. The next is to evaluate the impact of the control programme and to assess its potential and appropriateness for replication in other areas.

Since 1976, survey and data compilation were carried out by Amref in select areas of Turkana. The actual control programme started through sensitization and medical treatment in 1983. In the same year a medical research laboratory was opened at Lopading. A similar facility was recently introduced to Lokichogio, with the aim to speed up the fight against the disease.

As part of the control programme health education on the prevention of the disease is conducted among the Turkana. The methods used to disseminate the information and education to the illiterate are regular talks, audio visual and film shows.

Former hydatid patients are also used to educate their families by sharing ideas and experiences acquired during the course of the illness and treatment.

The programme to control hydatidosis will also focus on the mass elimination of unwanted dogs in Turkana, who are the major carriers of the disease in the area. Only the wanted dogs will be registered and fleated every six weeks with plazifuontel.

Hydatid suspects are screened using modern instruments such as ultrascan. It is only on confirmation of the disease that the patient undergoes operation at a nearby hospital. Serious cases are flown to the Kenyan capital, Nairobi, by Amref aircrafts.

Since the early 1960s Amref doctors have performed operations on over 1,600 hydatid patients in Turkana.

Hydatid victims are treated by surgery, but it is expensive and the services do not reach all those who need them. Besides, past-operative recurrent cases are increasing, and in most cases inoperable.

A recent trend is to treat the patient with the drug Alberdazole. A study to use this medicine is underway for wider use.

Despite Amref's enthusiastic dedication to the programme, existing socioeconomic factors in Turkana continue to hinder the smooth implementation of the programme.

The nomadic nature of the tribe, a poor communication system, high illiteracy rates, very limited facilities, and the large number of dogs are some of the major obstacles for the rapid control of the disease.

With this in mind, the locals are working with the government and non-governmental organisations in determined efforts to control, and if possible, eradicate the disease in future. — APS Feature.

/9317
CSO: 5400/122

MALAYSIA

MINISTRY ISSUES WARNING ON EXPECTED DENGUE EPIDEMIC

Anti-Epidemic Committee on Alert

Kuala Lumpur NEW STRAITS TIMES in English 24 Apr 86 p 7

[Text] **KUALA LUMPUR, Wed. — The Health Ministry has put the national and State anti-epidemic committees on the alert in anticipation of a major dengue fever (DF) and dengue haemorrhagic fever (DHF) outbreak in the country.**

The director-general of health services, Tan Sri Dr Abdul Khalid Sahan, said today the Ministry had issued directives to the committees to be on the look-out for dengue fever and dengue haemorrhagic fever cases and to take remedial actions.

He said the Ministry would work closely with the local, town and municipal councils in monitoring the situation and urged the local authorities to cooperate.

The Ministry would focus attention on the heavily populated areas, especially squatter areas where outbreaks were most likely to occur.

Tan Sri Khalid also advised the public to destroy suspected mosquito breeding areas and to keep the houses and compounds clean.

Meanwhile, a Ministry official said a total of 199 cases of dengue fever and 72 cases of dengue haemorrhagic fever with six deaths had been reported throughout the country so far this year.

Of the total, 183 cases of DF and 66 cases of DHF were reported in Peninsular Malaysia while six DF and 16 DHF cases were reported in Sarawak.

Of the number of deaths, four were recorded in the Federal Territory and one each in Selangor and Pahang.

Last year, 354 cases were reported in the country, of which 242 were DF and 112 DHF cases with 11 deaths. — Bernama

Paper Views Problem

Kuala Lumpur NEW STRAITS TIMES in English 23 Apr 86 p 8

[Text] **Everybody took seriously the prediction of the return of Halley's comet which was last seen 76 years ago, but few Malaysians seem to be prepared to give any credibility to the warning of the imminent return of the dreaded disease DHF (dengue haemorrhaegic fever) and its less virulent cousin DF** (dengue fever). The epidemic, expected in July or August, could be as severe as the last major episode in 1982 when 35 people died and 3,000 others were struck by it. The public has been given notice, several times these few months, to expect the disease to make a reappearance this year, a prediction made on the basis of records which show it returning with vengeance every four years since 1974. In that year, the disease was responsible for 104 deaths. It's now been four years since the last major appearance and the possibility that it will strike hard again is sending shivers down the spine of those responsible for its prevention, management and control.

Health authorities in the more disease-prone areas have been on full alert and have stepped up their efforts to educate the public while continuing to deprive the aedes mosquito of breeding places through a systematic programme of fogging and enforcement of the relevant legislation. But what is worrying is the complacency of the public. According to reports, nearly 4,000 homes were found to have played hosts to the disease carriers in the month of March alone. When will the message ever sink in?

But what is probably more troubling is the attitude of private practitioners who have a vital role to play in the prevention of an outbreak. According to the World Health Organisation's Collaborating Centre for Arbovirus Reference and Research, doctors are not helping it in its attempt to break the chain of transmission. Its director, Associate Professor S.K. Lam, has described as "a worrying trend" the reluctance of some doctors to notify the Health Ministry of suspected cases of DHF. According to him only 50 per cent of laboratory confirmed cases are not notified and those who do inform, do so too late. This renders ineffective measures that could otherwise have been taken to control the vectors. Only if all doctors play their part can the centre's sentinel network of general practitioners be capable of acting as an early warning system.

General practitioners quite understandably would not want to create panic among their patients, something which they would not be able to avoid if they were to take blood samples from every suspected case. Also not every doctor will agree with Assoc. Prof. Lam that it is better to over-report than to under-report. Patient sensitivities must be considered as much as the needs of the WHO centre. This problem can be easily solved if there are frank and open discussions between those who are supposed to collect the data and those who analyse them.

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CSO: 5400/4374

MINISTRY OF HEALTH EXAMINES HEPATITIS B PROBLEM

Kuala Lumpur NEW STRAITS TIMES in English 25 Apr 86 p 1

[Text]

KUALA LUMPUR, Fri. — The Ministry of Health is taking steps to identify the extent of Hepatitis B infection in the country and prevent its spread, Minister Datuk Mak Hon Kam said today.

He said the prevalence of the infection in the country at present varied from 3.5 per cent to more than 10 per cent of the population.

Hepatitis B is associated with the more severe, acute syndrome of debilitating, chronic liver diseases and liver cancer.

Speaking at the seminar on "Recent Developments in Hepatitis B", he said one of the steps the Ministry had taken to check the spread of the infection was setting up more centres to screen blood donors.

"The Ministry has already screened blood donors for Hepatitis B virus because it is a disease that can be transmitted through blood and blood products," he said.

Datuk Mak said this service was being offered at the 17 regional centres for screening AIDS antibodies.

Control strategies

"The Ministry of Health has also set up an advisory and scientific committee on viral Hepatitis B in order to review problems of the disease."

He said the committee was responsible for identifying high risk groups and recommending suitable control strategies.

There were an estimated 200 million carriers of the Hepatitis B virus in the world, with the rate as high as six to 10 per cent in South-East Asia alone.

Datuk Mak said the Ministry was working closely with the World Health Organisation in developing control strategies for Hepatitis B.

A vaccine has been developed to eliminate the spread of infection from carriers to susceptible persons.

"Although control programmes of Hepatitis B are very expensive, we will leave no stone unturned in our efforts to ensure that the programmes are effectively implemented in the country," he added.

The one-day seminar was organised by the Malaysian Society of Medical Laboratory Technologists. — Bernama

/9274
CSO: 5400/4376

NEW CALEDONIA

BRIEFS

LEPTOSPIROSIS DEATHS--Four leptospirosis deaths have been reported since the beginning of April making a total of nineteen since the beginning of the year. At this rate 1986 will equal the 50 deaths reported for the period of 1 May 1983-1 May 1985 which averaged out to 25 deaths each year. The increased death rate is particularly marked in April and is attributable to seasonal causes. [Excerpt] [Noumea LES NOUVELLES CALEDONIENNES in French 17 Apr 86 p 2] /12858

CSO: 5400/4377

NICARAGUA

3,000-5,000 CASES OF MOUNTAIN LEISHMANIASIS REPORTED

Managua EL NUEVO DIARIO in Spanish 6 Apr 86 p 4

[Text] The Ministry of Health with the support of the Franco-Nicaraguan Scientific Committee will conduct a pharmocological study this year to learn about the types of leishmaniasis or mountain leprosy, as it is commonly known, the dynamics of the existing transmitters in the population and the class of animals that serve as reservoir hosts for the reproduction of the insect. This terrible disease for the main part is afflicting Regions V and VI of the country.

This information was provided by Dr Alcides Gonzalez Mairena, who is in charge of the National Center of Hygiene and Epidemiology of the Ministry of Health. Doctor Gonzalez estimated that there are now between 3,000 and 5,000 cases of cutaneous leishmaniasis. He said that its presence has been detected basically in the areas of Rio Blanco, Nueva Guinea, Waslala and the Special Zones where there is dense vegetation.

Types

Doctor Gonzalez said that there are three types of leishmaniasis or mountain leprosy in our country. One of these is known as cutaneous leishmaniasis and leaves enormous sores throughout the body of affected persons. It is produced by the bite of an insect known as "Ejen" [sand fly], which develops in a life cycle similar to that of the mosquito that transmits malaria.

Mucocutaneous leishmaniasis is another form of the disease which ulcerates the mucosa of the nose, totally deforming it and making respiration impossible. A third type, which is the most serious, is known as visceral leishmaniasis. It affects the principal viscera such as the liver, the spleen, and so forth.

The official said that the study of this disease began in 1980, but owing to the lack of economic resources, the research phase could not be undertaken. Nonetheless, he added, Dr Felisa de Solano has been studying the problem since then and was able to establish contact with the French scientist Pierre Grobsjean who made great contributions to the study of the disease. He was unable to complete the study because he was killed by counterrevolutionary bands in Rancho Grande.

Donations

Nevertheless, the scientist pointed out, this major concern has become a national project, thanks to the considerable assistance of French scientists who have donated $170,000 in medical equipment, bibliographies, and training, in addition to $100,000 in annual donations for a period of 4 years, the time they foresee as required for the completion of the first phase of study and research.

The project also calls for an entomological study during the first research phase into the reservoir hosts or incubation deposits, as well as the installation of laboratories in the affected areas and training in the diagnosis of the disease.

In conclusion, Doctor Gonzalez said that Ministry of Health headquarters is installing the first analysis equipment that will be part of what will become the main research center on mountain leprosy.

12674/5915
CSO: 5400/2055

WORLD HEALTH DAY SPEECH BY MINISTER OF HEALTH

Aden 14 UKTUBAR in Arabic 8 Apr 85 p 1

[Article: "On the Occasion of Our Country's Celebration of International Health Day, the Ministry of Health Announces the Formation of Field Teams to Immunize Children Completely"]

[Text] The Ministry of Public Health will form field health teams during the coming month of May made up of workers in the health services and students at the faculty of medicine and branches of the health institute in the provinces. The task of these teams will be to go into the field to schools, residential areas, and health organizations in the Province of Aden to immunize children completely. In addition, the Ministry of Health will prepare a study of this experiment in order to universalize it on the level of the provincial capitals of the republic.

Comrade Sa'id Sharaf Badr, minister of public health, announced this in a speech he gave yesterday afternoon at the lecture assembly held in the building of the health institute on the occasion of the celebration of International Health Day which our country celebrates annually with all peoples on April 7.

The comrade minister of public health also mentioned that the ministry will organize, in cooperation with the World Health Organization in the framework of its activities celebrating International Health Day this year, a television marathon under the slogan "Healthy Life is a Triumph for All," the topics of which will be limited to child health, the athletic youth, the health of the mother, and other health topics. These inspired our country to embody this slogan as an open call to ensure the physical and psychological health of all age categories, including nursing infants, children of kindergarten and school age, youths of university age, workers, and the elderly. He stressed the importance of combining the efforts of the workers in the health services, the agricultural, educational, industrial, commercial, cultural and informational sectors, and the mass organizations for designing and implementing educational and health education plans in order to realize the slogan "Health for Everyone by the Year 2000," the achievement of which Democratic Yemen has declared as a goal.

The comrade minister praised all the forms of assistance that the World Health Organization and the Arab and international health organizations have offered to our country.

In a speech of the World Health Organization, the charge d'affaires representing the organization in our country praised the efforts that Democratic Yemen has made in implementing the preventive care projects and programs relating to the realization of the slogan "Health for All by the Year 2000," mentioning that Democratic Yemen is in the forefront of countries endeavoring to achieve this slogan. He emphasized that the organization will continue to offer every form of health assistance to Democratic Yemen in order to fulfill this slogan.

Speeches were also given on the Women's Union of Yemen and the Yemeni Socialist Youth Union at the gathering.

Members of the United Nations, the World Health Organization, the Swedish Union of Child Care in Aden, and workers in the health services also attended the gathering.

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CSO: 5400/4514

PERIPHERAL BLOOD CELLS IN EARLY STAGE EHF STUDIED

Beijing ZHONGHUA BINGLIXUE ZAZHI [CHINESE JOURNAL OF PATHOLOGY] in Chinese Vol 14 No 4, 30 Dec 85 pp 260-262

[Article by Chen Dehui [7115 1795 5610], Yang Huibin [2799 1920 1755], Wang Guohua [3769 0948 5478], and Zhang Heqiu [1728 6320 4428], Basic Medicine Institute, Academy of Military Medical Sciences of the People's Liberation Army]

[Text] English abstract: Peripheral blood cells of seven patients of epidemic hemorrhagic fever with a clinical course of 3-11 days, respectively, were studied under transmission electron microscope. In thin sections the presence of macroplatelets is characteristic of an uneven distribution of granules interspersed with randomly arranged mazes of tubules and dilated channels. Few dense particles were seen in the dilated channels of open canalicular system of the large platelets. Degenerated platelets were occasionally found.

A number of plasma cells in different stages found in the peripheral blood simultaneously. A peculiar microtubular filamentous structure of unknown nature was found in the dilated cisterns of endoplasmic reticulum of a plasma cell.

The diagnostic significance and mechanism of the ultrastructural abnormalities of the platelets accompanied with the presence of plasma cells in the peripheral blood are discussed. [End abstract]

According to clinical observations, there is a marked decrease of platelets in the peripheral blood (generally less than 150,000/ml and less than 20,000/ml in extreme cases) of a majority of the patients with early stage epidemic hemorrhagic fever (EHF, also called hemorrhagic fever of renal syndrome, HFRS) and variant lymphocytes (exceeding 25 percent) appear in a substantial number of patients.[1-4] Li Faqing [2621 3127 0615] and coworkers have detected within the large monocytes of the peripheral blood of patients with acute EHF the antigens associated with EHF by direct immunofluorescence.[5,6] In our attempts to investigate by electron microscopy the morphology of EHF-associated antigens or virus within the peripheral blood cells of early stage patients we discovered the ultrastructural abnormalities in platelet and lymphocyte. The results are reported here.

Experimental Procedures

Collection of Peripheral Blood Samples: 3 ml of blood were drawn from the forearm vein of the patients who were clinically diagnosed as having EHF (seven cases, one case was 3 days after onset of the disease, five cases between 5-7 days, and one case 11 days) and transferred to anticoagulation tubes containing 0.5 ml of 3.8 percent sodium citrate. Centrifugation at 3,000 rpm for 15 minutes gave a creamy yellow layer of platelets and white cells. The top layer (plasma) was recovered and a 3.1 percent glutaraldehyde solution was added slowly to prefix at room temperature for 15 minutes.

Preparation of Material for Electron Microscopy: The prefixed platelet, white cell layer was cut into 1 mm^3 cubes and fixed at 4°C for 2 hours by immersing in a precooled 3.1 percent glutaraldehyde solution. After overnight rinsing in sucrose-phosphate buffer, it was postfixed in 1 percent OsO_4, dehydrated with repeated addition of ethanol and acetone, and embedded in Epon 812. Semithin sections were stained with HE and correctly localized by light microscope. After uranyl acetate and lead citrate double staining, ultrathin sections were observed on a Philips EM-400T electron microscope.

Four samples of peripheral blood from healthy individuals were collected as control and were treated similarly.

Results

Ultrastructural Abnormalties in Platelets: In the peripheral blood of the patients 3 days after the onset of EHF, there appeared many platelets with irregular shapes. They were larger (long axis exceeding 5 μm) and the cell body appeared round or rod-shaped. Most of the platelet's open canalicular system (OCS) were markedly dilated. Amorphous membranous granules of various sizes were present inside. Within the granule region, alpha-particles were either condensed or significantly reduced and their places taken up by tubular structures. Microcanalis were rarely seen and the mitochondria were tiny and scarce. The pseudopodia in the transparent region were short and fat. In a few platelets, the increase in dense tubular system (DTS) were observed.

In the peripheral blood of the patients 5 to 7 days after the onset of the disease, macroplatelets were abundant, their sizes matching that of lymphocytes and red blood cells (long axis exceeding 6 μm) (Figures 1 and 2). In the cytoplasm of macroplatelet, there were generally larger number of alpha-particles in the granule region that often clustered at the center and a thin transparent region that often contained thick extrusions. In some cells, the cytoplasm was full of large vacuoles and the membranous dense particles of various sizes were present in a small number of tubules that were dilated whereas fibrous materials of medium density were present in some large vacuoles. Furthermore, there were increased growth of dense tubules that were tightly packed into clumps, some of which fused with open canaliculi to form the honeycomb-shaped membranous complex that were distributed at the

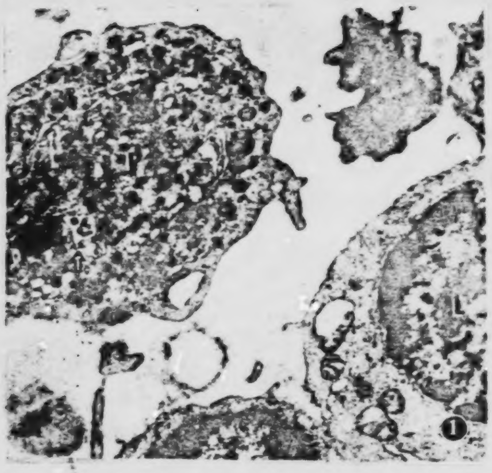

Figure 1. Macroplatelets (P) in the Peripheral Blood of Early State EHF Patients. Their sizes are close to that of lymphocytes (L). In the cytoplasm, alpha-particles are densely packed and dense particles are present in the channels of a few dilated open canaliculi (→) x 10,000.

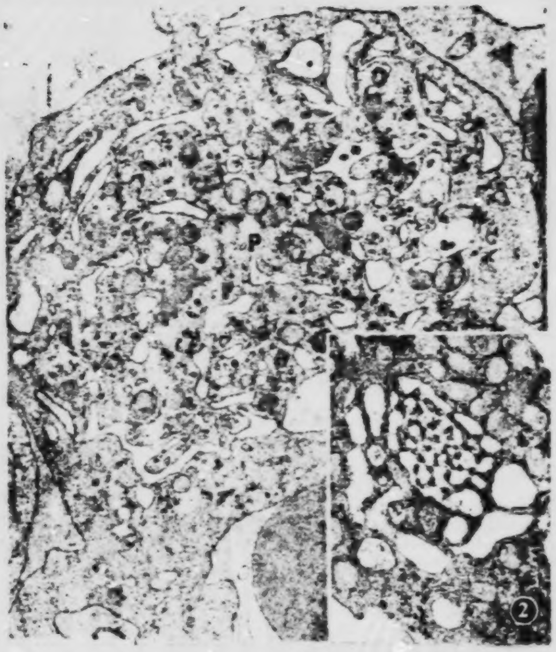

Figure 2. Macroplatelets (P) Whose Sizes Are Close to That of Red Blood Cells. The open canalicular systems increase in number and are dilated x 15,600 Inset: Honeycomb-shaped membranous complex x 20,800.

center or the border regions of the platelet (Figure 2, inset). Glycogen granules were observed to accumulate within the thick, fat cellular extrusions. In addition, degenerated platelets with alpha-particles and other organelles packed at one end while the other end became an enlarged transparent region were seen (Figure 3). In the sections of some platelets, only transparent regions and large vacuoles were present.

After 11 days of EHF, macroplatelets were still visible and an increase of tubular structures in the cytoplasm was seen. Globular, dense particles with well-defined membranes (about 100 nm in diameter) were present in each dilated sac. Other ultrastructural abnormalities of the platelets were basically the same as described earlier. Degenerated platelets were also present with the particles near the center and the transparent region

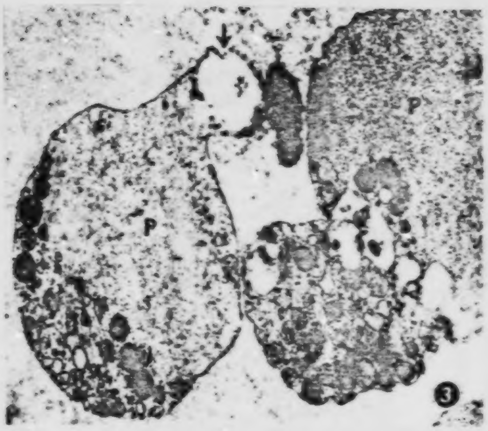

Figure 3. Degenerated Platelets (P). Alpha-Particles and Other Organelles Condense at One End and the Transparent Region Expands With the Extrusions Appear Like Vacuoles (⇒) x 16,300

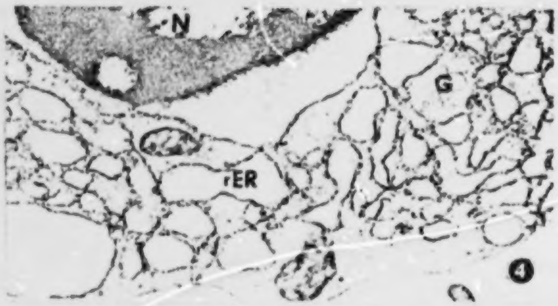

Figure 4. The Matured Plasmacells in the Peripheral Blood of Early Stage EHF Patients. There are enlarged nuclear membrane spaces and dilated cisterns of rough endoplasmic reticulum, some appear sac-like x 20,800

expanded, but the extrusions disappeared. Profiles of various morphological abnormalities of the clumping platelets could be seen.

All the ultrastructural abnormalities of platelet described above were not observed in the peripheral blood of healthy individuals.

Ultrastructure of Variant Lymphocytes: The variant lymphocytes of various shapes observed under optical microscope were found to be plasmacells at various stages of development by electron microscopy. Three days after the onset of the disease, the variant lymphocytes in the peripheral blood were mainly plasmacells at early stages of development. Heterochromatins appeared flat inside the cell nucleus and the circular rough endoplasmic reticula were arranged into laminae within the plasma. Five to seven days after the onset of the disease, the nuclear membrane spaces and the cisterns of rough endoplasmic reticulum of a majority of the plasmacells were dilated into sacs with low density fibrous materials present inside the cisterns (Figure 4). Besides, pyknotic nucleus was seen in a number of plasmacells and the Golgi bodies adjacent to these nuclei shrank. The cisterns of endoplasmic reticulum were highly dilated and fused with one another into large cavities where the fibrous materials were infrequently seen (Figure 5). This kind of plasmacells were detected in the peripheral blood 6 days after the onset of the disease.

In the only peripheral blood sample taken 5 days after the onset of the disease, the Golgi bodies adjacent to the nucleus of a plasmacell were highly

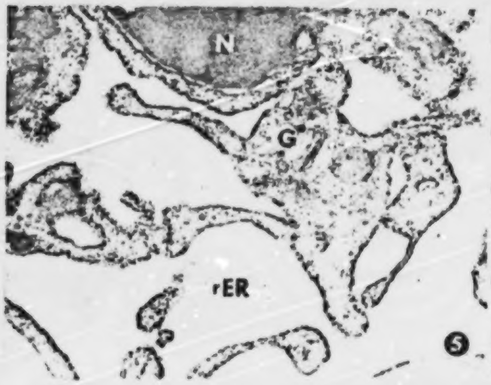

Figure 5. Plasmacells Reveal the Pyknosis of Nucleus and Shrinkage of Golgi. The cisterns of endoplasmic reticulum are extremely dilated and fused with one another to form cavities.

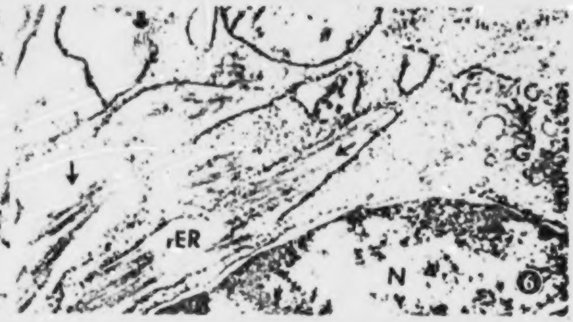

Figure 6. The Microtubular Filamentous Materials Present in the Dilated Cisterns of Endoplasmic Reticulum Near the Nucleus of a Plasmacell (→) x 27,000

Notations: N: cell nucleus
G: Golgi body
rER: rough endoplasmic reticulum

developed with numerous tiny sacs. A peculiar microtubular filamentous structure of unknown nature was found in the dilated cisterns of rough endoplasmic reticulum nearby (Figure 6).

Also the lymphocytic apoptosis was observed in the peripheral blood of three patients.

Under an electron microscope, plasmacells were not seen in the ultrathin sections of the peripheral blood of healthy individuals.

Discussions

The ultrastructural abnormalities of platelet in the peripheral blood of early stage EHF patients seen under an electron microscope are consistent with the sharp decrease of platelets, morphological abnormalities and enlargements that have been observed clinically. They not only verify the diagnostic values of these changes in platelet to the early diagnosis and confirmation of EHF but also have implications in clarifying the disease process of EHF. It is believed that the decrease in platelet and its morphological abnormalities have to do with the inability of the macronuclear cells in the bone marrow to reach maturity and their subsequent poor conversion into platelets. We have seen some suspicious looking dense particles with diameters around 100 nm within the dilated tubules in the granule region of the macroplatelet of the patients. They are similar to the EHF virions that infect the Golgi sac of mouse hippocampal gyrus neuron. But there are very few of them and the confirmation requires observations on more cases.

There are very few plasmacells in the peripheral blood of normal, healthy individuals. However, the proportion of variant lymphocytes could exceed 25 percent in the peripheral blood of a substantial number of early EHF patients. This abnormality could also have diagnostic value.[1-4] The plasmacells at various stages of development that we observed under an electron microscope in the peripheral blood look just like the various types of variant lymphocyte seen in the blood smears. Apparently, they are transformed from B-lymphocytes in response to the stimulation of antigens, thus suggesting the existence of the B-lymphocytes in the circulation that are activated by certain antigens as early as the 3d day after the onset of the disease. As to whether the antigen is the EHF virus itself or a certain protein awaits further study. The nature of the peculiar microtubulous filamentous structure seen in the cisterns of endoplasmic reticulum of the plasmacell of a 5-day patient and particularly whether it is associated with the EHF virus are questions that need to be investigated further.

Because of the existence of the above-mentioned ultrastructural abnormalities of platelet, it is necessary to collect the bone marrow samples of early stage patients for the observation of the ultrastructural changes during the formation of macronuclear cells and platelets in order to further clarify the disease process of EHF.

Conclusions

Using a transmission electron microscope to examine the ultrastructural abnormalities of peripheral blood cells of the seven early stage EHF patients ranging from 3 to 11 days after the onset of the disease, it was found that platelets turned into round shape with greater number of pseudopodium and that macroplatelets (exceeding 6 μm in diameter) emerged. In the cytoplasm of some macroplatelets, there was marked dilation of the open canalicular system and dense particles of various sizes were present in the channels. The dense tubular system was often seen to be clumped and formed membranous complex with open canalicula. Degenerated platelets were occasionally seen.

In the meantime, numerous plasmacells at various stages of development were seen in the peripheral blood under electron microscope. A peculiar microtubular filamentous structure was observed in the dilated cisterns of endoplasmic reticulum of the plasmacell obtained from a patient 5 days after the onset of the disease.

In this article, the diagnostic significance of the ultrastructural abnormalities of platelet and the emergence of plasmacells in the peripheral blood of early stage EHF patients and the mechanism of their occurrences are discussed.

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ROMANIA

CURRENT STATUS OF TUBERCULOSIS DISCUSSED

Bucharest PNEUMOFTIZIOLOGIA in Romanian Vol 4 Oct-Dec 85 pp 289-299

[Article by Prof C. Anastasatu, Silvia Bilauca and D. Plopeanu. (General report to the 13th National Conference on Tuberculosis, Bucharest, October 1985)]

[Text] The era of great accomplishments of the last two decades that went down in the country's history as the "Ceausescu Era," distinguishes itself by the special achievements not only in the major realms of socioeconomic development but also in the area of public health, in improvement of the quality of life, in the advancement of the medicine of the healthy individual, in maternity and child care, in youth care, in the increase in life expectancy, in marked decline of transmissible diseases, tuberculosis included.

As far as this latter disease is concerned, a disease that in the first half of our century generated broad suffering all over the world and in our country, the epidemiometric indicators in the last 20 years show a steady decrease, without, however, tuberculosis having ceased to be, in most countries of the world, a priority public health problem.

1. Current Epidemiologic Context Internationally

The current international context of the endemic of tuberculosis in the Socialist Republic of Romania (Tables I and II) is very diverse and hard to define. In the

Table I

Incidence of Tuberculosis

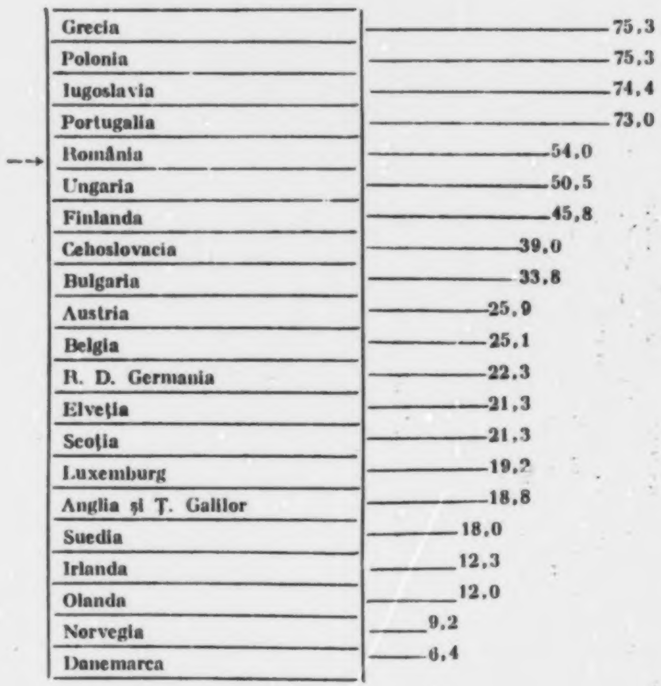
Minimum level		Medium level		Maximum level	
5 – 15°/oooo		45 – 75°/oooo		150 – 550°/oooo	
Danemarca	6.4	Finlanda	45.8	Hong-Kong	150.0
Israel	6.4	România	54.1	Lesotho	213.0
Norvegia	9.2	Japonia	58.1	Filipine	255.9
Australia	9.7	Iugoslavia	74.4	Coreea de Sud	398.7
Canada	10.7	Grecia	75.3	R. D. Yemen	535.5
		Polonia	75.3		

Table II

EUROPA

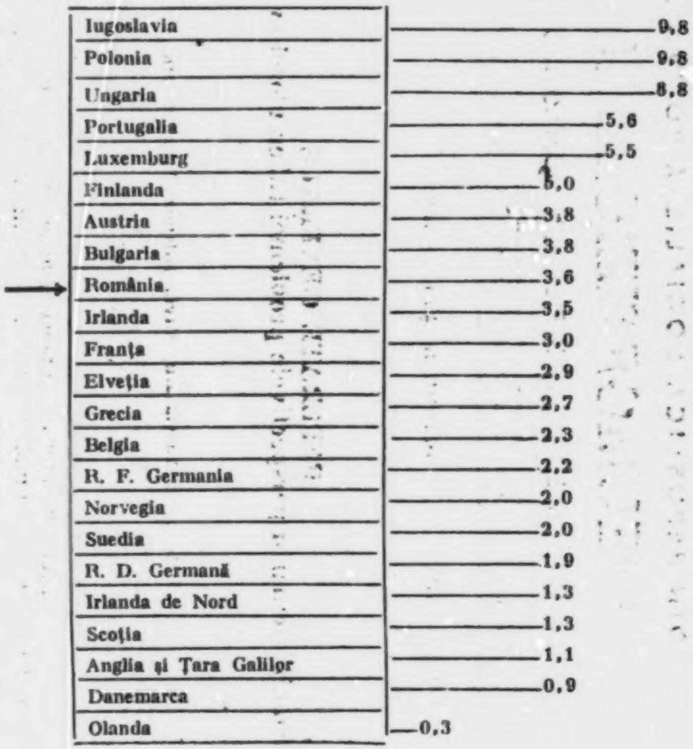
Incidence of tuberculosis

0 °/oooo inh.75



Mortality from tuberculosis

0 °/oooo inh.10



main internationally it is at the level in countries with medium endemic: behind the advanced countries of Nort-West Europe, North America, Australia and others (which show indicators 70-90 percent lower than those in Romania), but ahead of developing countries in South-East Asia, Africa and Latin America, representing two-thirds of the world population, with indicators of 3 up to 9 times higher.

In the European context, this country, which 20 years ago took last place (inherited before World War I), now places more favorably, with a TB morbidity and mortality level which is lower than that in countries such as Poland, Yugoslavia, Greece, Portugal, and so forth. For the subsequent period the trend is to take a medium place -- a place which, however, in light of the current possibilities and demands of medicine, we do not consider as satisfactory.

2. Status of Major Epidemiometric Indicators During the 1965-1985 Period With Emphasis on the Last Five-Year Plan

The main indicators which enable us to evaluate the dynamics of tuberculosis in the last 20 years and its level at the end of this five-year plan are the overall annual incidence and the new cases of the disease, the incidence of the disease in children, the prevalence of the cases of disease, the incidence and prevalence of tuberculous infection, mortality from tuberculosis and other derivative indicators.

In terms of the overall incidence of tuberculosis, the data show in 1984 a level of $57.3^{o}/_{oooo}$ by 68.9 percent lower than in 1965 when it was $184.4^{o}/_{oooo}$(Fig. 1). The mean annual rate of decrease was 3.6 percent, slightly higher than that in some European countries.

The incidence of new cases of the disease decreased during the same period from $169.1^{o}/_{oooo}$ to $52^{o}/_{oooo}$ (hence by 69.3 percent). The relapses or the readmitted cases also decreased 65.1 percent, from $15.2^{o}/_{oooo}$ to $5.3^{o}/_{oooo}$ (Figure 2).

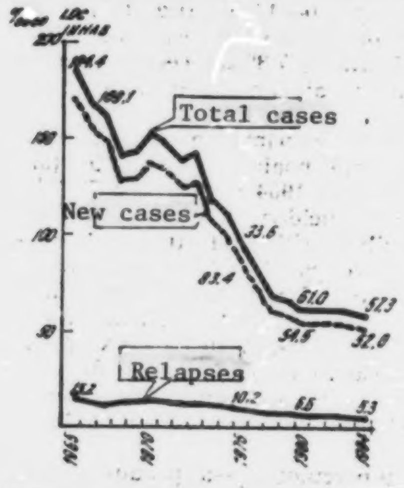


Fig. 1. — Incidenta tuberculozei — 1965—1984

Incidence of tuberculosis

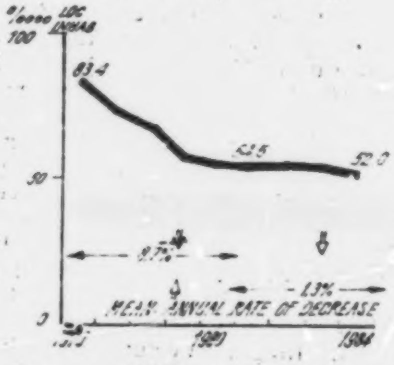


Fig. 2. — Incidenţa cazurilor noi de tuberculoză — 1976—1984

Incidence of new TB cases

Under the last five-year plan the mean annual rate of decrease in the incidence was slower than under the prior five-year plan (1.3 percent during the 1981-1985 period versus 8.7 percent during the 1976-1980 period) (Figure 2). This slowdown corresponds with a trend toward stagnation or very slow decrease noticed under this five-year plan in almost all countries in Europe. We no longer refer to developing countries where, according to calculations made by WHO and UICT experts, even if reductions were recorded in percentages, because of the doubling of the population the absolute number of TB cases are on relative increase.

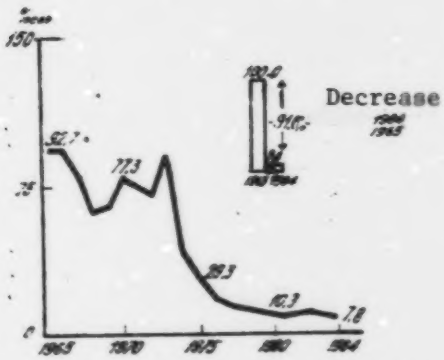


Fig. 3. TB incidence in children

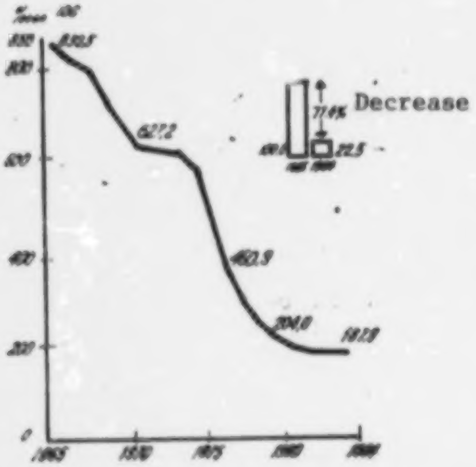


Fig. 4. Prevalence of tuberculosis 1965—1984

The incidence of the new cases of the disease in children 0-14 years of age (Figure 3), a more sensitive indicator of the epidemiologic potential on the territory, declined here in the 20 years surveyed from $92.7^{0}/_{0000}$ to $7.3^{0}/_{0000}$ which translates to a reduction of 91.6 percent -- with a mean annual rate of decrease of 4.8 percent (greater than in adults).

The prevalence of tuberculosis (Figure 4) which more correctly expresses the magnitude of the problems generated by this disease, decreased in this country from $832.5^{0}/_{0000}$ in 1965 to $187.9^{0}/_{0000}$ in 1984 (a 77.4 percent decrease).

The data which we have available on the incidence and prevalence of TB infection, data based on tuberculin testing (PPD) carried out on samples of representative infant population, show evident decreases also for these indicators which are now considered by WHO as most relevant.

Based on a calculus method developed by the institute one may assess that the prevalence of the infection at the age of 6, for instance, decreased from approximately 11 percent in 1965 to 2.1 percent in 1984 (80.9 percent decrease) (Figure 5).

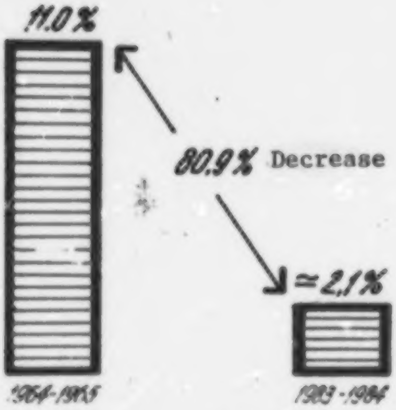


Fig. 5. Prevalence of TB infection at the age of 6.

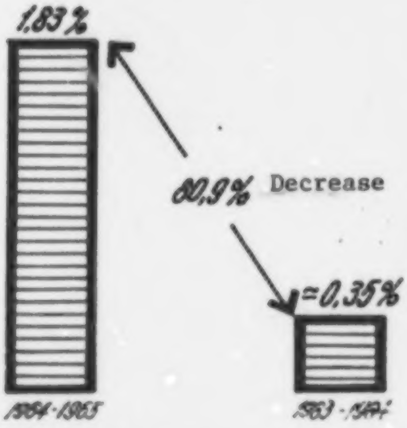


Fig. 6. Incidence of TB infection at ages 0-6.

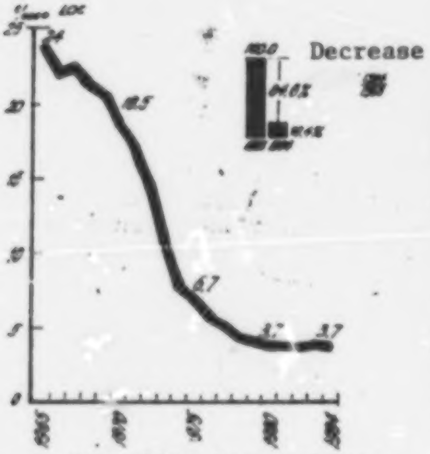


Fig. 7. Mortality from tuberculosis – 1965–1984

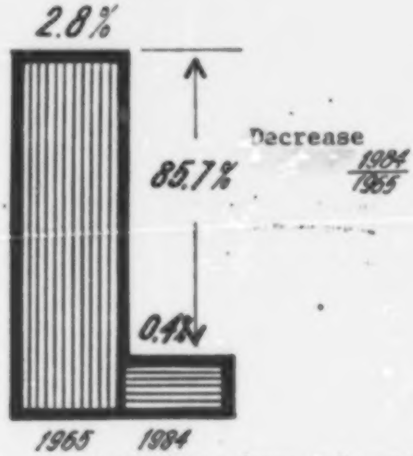


Fig. 8. Lethality from tuberculosis

Similarly, the incidence of infection in children aged 0-6 decreased from 1.8 percent in 1964-1965 to 0.35 percent in 1983-1985 with a mean annual rate of decrease of 4.3 percent (Figure 6.)

Lastly, in the evolution of TB mortality there has been a decrease from 24 percent to 3.7 percent, i.e. 84.6 percent, with a mean annual rate of 4.4 percent (Figure 6). This decrease also had a reprecussion in the lethality index. Tuberculosis now only has an input of 0.4 percent in general mortality (versus 2.8 percent in 1965 (Figure 8).

In children the decrease in mortality was even more marked -- from 3.6 percent in 1965 to 0.18 percent in 1984 (95 percent with a mean annual rate of decrease of 5 percent) (Figure 9).

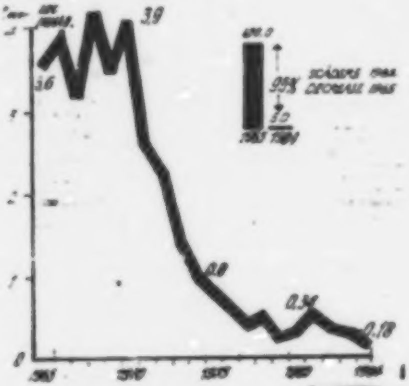


Fig 9. TB mortality in children 1965—1984

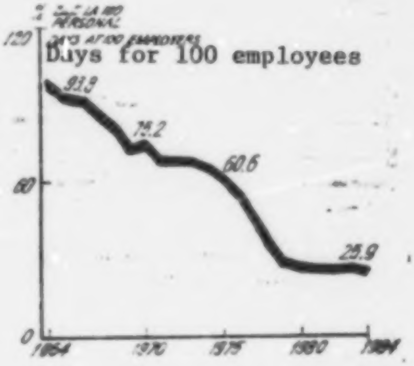


Fig. 10. Temporary work disability due to tuberculosis 1964-1984

An indicator which is now regarded as very valuable because it expresses the economic losses evaluated in days of work disability for 100 working people (the so-called gravity index) also developed favorably from 93.8 days in 1965 to 25.9 days in 1984, translating to a decrease of 72.4 percent (Figure 10).

Moreover, outstanding decreases were obtained during this period in a number of derivative indicators such as: frequency of primary chemoresistance of germs (bK) from 19.3 percent bacilliferous to 7.6 percent; the frequency of secondary resistance from 76.4 percent bacilliferous to 37 percent; the maximum prevalence of bacilliferous -- from $110^{o}/_{oooo}$ in 1968 to $71.5^{o}/_{oooo}$ in 1984 (35 percent) (Figures 11 and 12).

Noteworthy is the fact that as a result of the massive decrease in tuberculosis it was possible for a number of 12,894 beds in the anti-TB system to be reappointed to serve other needs of public health, including those in the network of non-TB chronic pulmonary diseases. On the whole, these results were made possible thanks to the input of two categories of factors of outstanding significance:

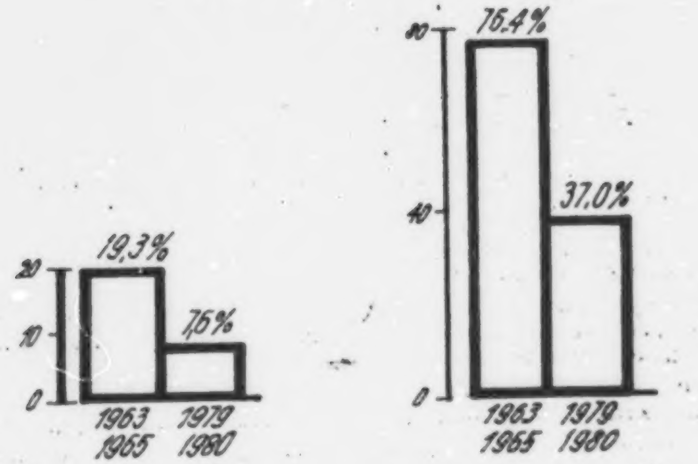


Fig. 11.
Primary chemoresistance. Secondary chemoresistance.

1. Placing first is the steady improvement in living and working conditions and the hygienic-sanitary and cultural standards of the population, an improvement which is illustrated by all socioeconomic indicators during the period of 20 years under review.

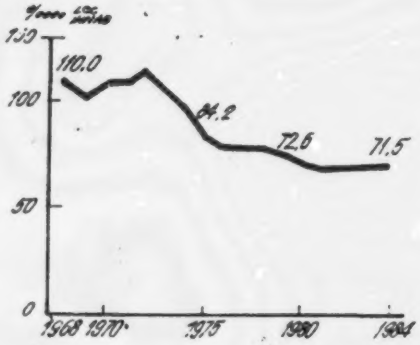


Fig. 12. Maximum bacilliferous prevalence -- 1968-1984

2. Placing second, but no less important, is the impact of the measures of prevention and combating of tuberculosis, materialized in the five-year programs under the long-term plan outlined by the Ministry of Health, with projections by the year 2000. We do not dwell at length on this program because it is the topic of an individual report.

We only wish to stress that the program for prevention and combating of the disease, also, is closely tied in with the improvement in the overall living conditions, being both a component and a direct consequence of these conditions.

3. Current Characteristics of TB Endemic in Romania

On the whole, based on the epidemiometric indicators described, one may state that tuberculosis in Romania in the last 20 years has been on a continuous decrease -- the figures in 1984, like those for the 8 months of 1985 being the lowest figures recorded in the history of tuberculosis in this country.

However, if we examine in detail, specifically some derivative indicators that represent "the most significant fraction" of basic indicators, there appears a number of aspects that are more or less characteristic for our country (in the European context) and which have a certain degree of gravity that calls for special attention.

For instance, we stll note the persistence of a "juvenile peak" of TB mortality which so far involved the 20-24 age group (more than $200^{o}/_{oooo}$ in 1965), but much decreased and shifted in 1984 to the 25-29 age group ($90.9^{o}/_{oooo}$) Fig. 13).

The obliteration of this juvenile peak, that is the more accelerated decrease of tuberculosis in young people, is a priority must.

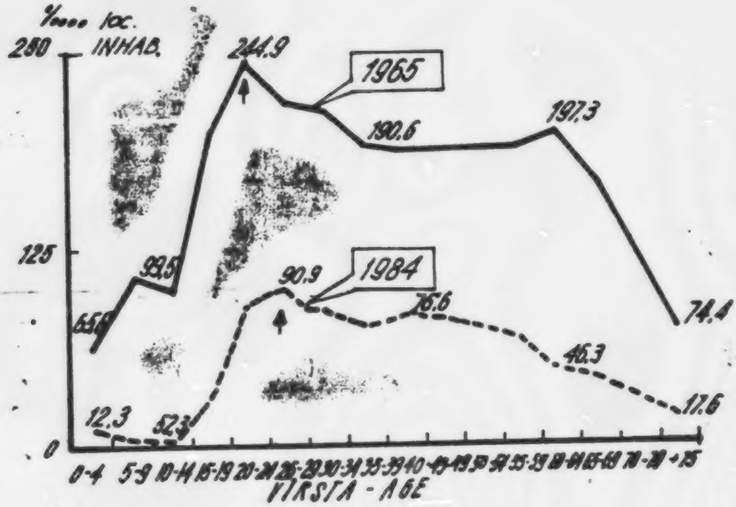


Fig. 13. Incidence of new TB cases according to the various age groups

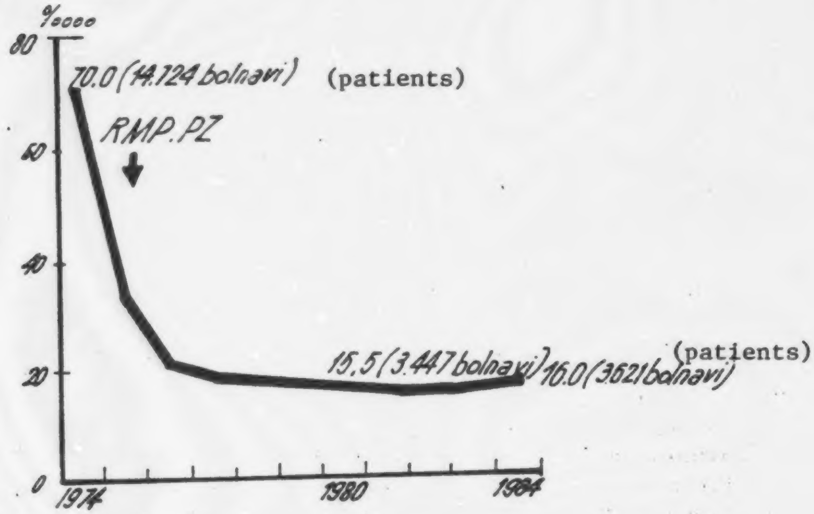


Fig. 14. Prevalence of chronic patients.

Bacilliferous prevalence which expresses the "bacilli supply" on the territory, that is the density of the sources of infection, i.e. the risk of infection and overinfection on the territory, also shows, under the last five-year plan, a tendency toward stagnation, at a level that is lower than that under the prior five-year plans, but still unsatisfactory.

Correlated with bacilliferous prevalence also is the persistence of a constant prevalence ($16^{o}/_{oooo}$) of chronic and hyperchronic patients (group I B and I C dispensarial) that maintain the eliminative sites of resistant germs and disable for long periods a sizable number of patients (about 3600) (Figure 14).

An adverse aspect noted in many European countries, including Romania, involves the comparatively small number of early detections, in other words, the advanced stage, with cavitary lesions in which new TB cases in adults are discovered, after, in majority, infections and morbidity already occurred in contacts. This fact follows from inadequate detection methods and specifically noncompliance of patients who do not contact the physician when the first symptoms of the disease appear but only when they become disabled in terms of activity (Figure 15).

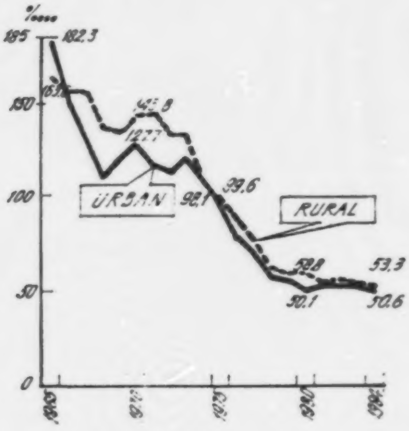


Fig. 15. TB incidence, all forms 1965—1984

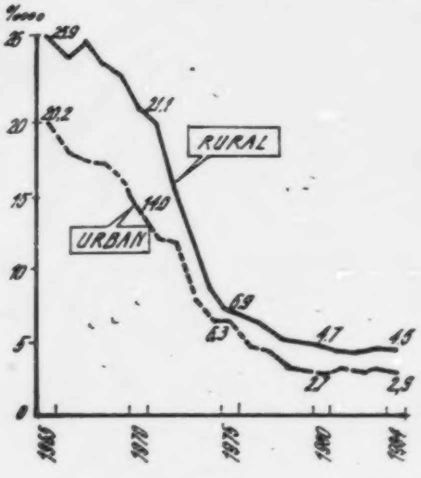


Fig. 16. TB mortality 1965 —1984

Another characteristic of TB endemic involves the presence of extra gravity aspects in rural areas versus urban areas. Even though under the last five-year plans the TB morbidity and mortality curves in the two types of areas came very close to each other, they still are slightly higher in the rural areas, due to the higher incidence of TB meningitis, of tuberculosis in young people.

As differences in living conditions in urban and rural areas are being eliminated, in the main, the premise is being increasingly created for tuberculosis no longer to present differentiated aspects (Figure 16).

A final aspect which we note is residual TB overmorbidity increasingly concentrated on so-called "marginal" social categories that include alcoholics, transients, people with no direction, recalcitrants, individuals outside the law, and the like who now involve most of the advanced, chronic, insoluble cases. This phenomenon is common throughout the world and in terms of tuberculosis will be resolved only when the basic aspects have been resolved.

The significance of these detail characteristics of TB endemic fades when they are viewed against the general backdrop of the decrease in tuberculosis. However, these characteristics keep intact their import in the concrete case of differentiated application of the measures under the program for prevention and combating of the disease.

4. Prognosis of the Endemic by 1990-2000

If we survey the perspectives of TB evolution in the future by 1990-2000 in this country, but also in the European context to which we are tied, we have reasons to be optimistic and pessimistic at the same time.

The optimism is justified by the fact that tuberculosis -- as we have seen -- decreases slowly and it is to be expected that it will continue to decrease. Forecasts made in Romania jointly with the Bucharest Research and Design Institute, show that in 1990 Tb incidence may reach $42\text{-}46^{o}/_{oooo}$ and in the year 2000, a possible level between $21\text{-}36^{o}/_{oooo}$ inhabitants.

A touch of pessimism is justified by the tendency toward stagnation which was already pointed out, and by the fact that forecasting evaluations, regardless of their calculation basis, are fairly relative, because they cannot take into account all the phenomena that occur meanwhile and are able to influence the evolution of the disease.

One of the phenomena that hampered the decrease of tuberculosis internationally and specifically in developing countries involved the doubling, during 32 years, of the number of inhabitants. Hence, in spite of the decrease of some indicators expressed in percentages, the absolute number of TB cases went up, a fact which resulted in a greater density of infectant sites over the same inhabited area.

Romania does not have this problem, but in the same manner or in different manners also other unpredicted phenomena may intervene in forecasting calculations. Therefore any forecast in terms of tuberculosis must be taken as orientational.

The long-term program for fighting tuberculosis must permit adaptation to such an unpredictable phenomena.

5. Main Guidelines of the National Program for Prevention and Combating of Tuberculosis in the Next Period (by 1990-2000)

In light of the current status of tuberculosis internationally and in Romania, of its possibilities of evolution under the next five-year plans, and of the existing model now in very advanced countries (North Europe) in the anti-TB fight, one may state that by the year 1990 or even by the year 2000 the five-year programs for prevention and combating of tuberculosis in this country, like in many other countries, will have to maintain their current rate and intensity, of course with the decrease in the volume of projects contingent upon the decrease in tuberculosis.

In the spirit of the "Special Program for Improvement of Public Health Care" recently approved by higher bodies, it will be necessary to step up and refine the methods for early detection so that the immense majority of patients may be tracked down in incipient stages, with paucibacillary sputum, before the occurrence of the infection of contacts.

Early detection will permit prompter and more effective treatment. To this end, also the treatments now advocated that involve modern drugs (RMP, PZM) and a short-term application (6 or less than 6 months) must be continuously improved both as to intrinsic efficacy and mode of administration under strict supervision, so that all cases may be rapidly cured and relapses and chronicizations which now swell the prevalence of problem cases may be prevented. On a long-term basis to be expected also is the mastering of the production of drugs with better efficacy and tolerance than those prevailing now.

Furthermore, the method of antituberculous vaccination must be utilized on a broader and more correct scale. To be desired is even the preparation of a more effective vaccine, that would assure certain immunization of all children, for the rest of their lives, against TB infection and morbidity.

Also, the chemoprophylactic method must be potentiated to the utmost and expanded to include all the categories of the population with higher morbidity risk.

For a long period of time it is also necessary to very stringently apply the prophylactic-antiepidemic measures of fight on the site.

Improvement in the quality and efficacy of the measures outlined in the national programs as to the guidelines pointed out above depend both on superior organization of the projects and on the innovative input which will be provided in the future by scientific research in the realm of physiology. Research in all the directions mentioned above is now developing and we must have trust that it will produce positive results.

We conclude with the conviction that tuberculosis in this country has reached a level at which it can and must be controlled and eliminated as a public health problem by the end of this century, or even earlier.

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BRIEFS

BILHARZIA IN ZANZIBAR--Pemba: About 50 percent of the people have been found to have Bilharzia germs as a result of a preliminary research carried out on school children in Pemba. This was said yesterday by an expert on Bilharzia from Italy, Dr (Orinso Fabio), when addressing representatives of the Committee of Economy and Finance of the House of Representatives, who visited the center for investigation of the disease at Mkoroshoni, Chake, to inspect the progress of the project which is a joint one between the government of Zanzibar and the WHO. [Excerpt] [Zanzibar Domestic Service in Swahili 1600 GMT 3 May 86 EA] /12712

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SPECIALIST DISCUSSES AIDS SITUATION IN COUNTRY

Zagreb VJESNIK in Serbo-Croatian 6 Apr 86 p 7

[Article by Salih Zvizdic: "How Are We Protecting Ourselves Against AIDS?"]

[Text] Prof Miha Likar, the director of the Institute for Microbiology of the Medical Faculty in Ljubljana, a prominent Yugoslav expert on AIDS, showed me the latest report, from March, by the World Health Organization on the spread of AIDS.

"The disease is pandemic and very dangerous, since it is untreatable and contagious, and so it is understandable that its spread in the world is being followed very carefully. You see, even before 1 March we had two cases of AIDS in Yugoslavia, but this report only cites one. Now, a month later, we have three cases, and again only one is recorded! I think that this is an irresponsible attitude toward reporting on the spread of this disease, which is concerning the world more and more," says Prof Likar.

[Question] In explaining your resignation from membership in the Slovene Republic Commission for Contagious Diseases (and for AIDS), the republic secretary said that you did this because of an excessive workload?

"That is not true. I was, and I am now, dissatisfied with the way people are acting in Slovenia and in Yugoslavia in general in the preventive struggle agaist AIDS," Prof Likar states.

Money for Others -- That Is the Question

As the director of the Institute for Microbiology, Yugoslavia's Chief Referral Center for AIDS (the disease cannot be confirmed until it has been verified at this institute), Prof Likar says that the institute is in an unenviable financial position, because it spends its own money on AIDS, "even though it handles all of the Yugoslav cases that are sent."

"It has been agreed at the federal level that for every suspected case of AIDS that is established in Zagreb, Belgrade, and Ljubljana, the patient's blood will be tested here, regardless of previous tests. At the time when the decision was made on this, our institute had the best and longest tradition in virology. Last year the Federal Executive Council approved 30 million dinars for the preventive struggle against AIDS, but we, who test every suspected case of AIDS that is sent, only received 2.5 million of this. The rest of the money went to the Institute for Molecular Biology in Belgrade, which will spend it for research on AIDS. It is a good institute, but research, which is after all being done by much wealthier institutes in the world, is one thing, and quite practical requirements for purchasing the means to test the blood of patients and prove the presence of the disease are another," the professor explains.

The professor says that the Ljubljana Institute used 10 million dinars of its own money to buy a special processor for the so-called "ELISA" tests for AIDS (it can also be used for other tests), and a few days ago, using money collected from Slovene work organizations, it bought a special ultracentrifuge for $107,000, which, among other things, is essential for testing the AIDS virus.

"Aside from these purchases, we at the Institute have spent about 10 million dinars on AIDS tests, 7 million of which was just for antigens, components without which the tests cannot be performed. As the head of the Institute, I feel responsible for the 10 million dinars spent at a time when a hundred employees at the Institute have low average salaries and when we even question the purchase of ordinary writing paper," Prof Likar says.

In any case, at this institute every blood sample is tested twice with the "ELISA" test and once again with the "Western blot" test. If they are not certain even then, they send the blood sample abroad at their own expense. Each "ELISA" test costs 7000 dinars, and each "Western blot" test costs 15,000, part of which is in foreign exchange.

Serious and Unusual Disease

Prof Miha Likar (62) is a prominent virologist, who has so far conducted more than 200 scientific studies in this area, and is also well known as the author of several books in the area of microbiology and popular medicine. He is a member of the group of European experts on AIDS, in which he represents our country.

"I do not know now whether I am a member of the Federal Commission on AIDS; I do not know the status of our institute in this area any more, although we test responsibly every blood sample that is sent. I was a member of the Federal Commission for Contagious Diseases, which includes AIDS, but I was not invited to the recent conference for journalists on contagious diseases, at which AIDS was discussed most," Prof Likar says.

According to the professor, this disease is still full of puzzles, and some information about it falls into the area of "science fiction." The cause of the disease is a virus from the group of retroviruses, which are known for changing their form. A few days ago, in fact, it was scientifically confirmed that one of the discoverers of the AIDS virus, the French scientist Luc Montagnier, had discovered a second AIDS virus from the group of retroviruses. This second virus is essentially different from the first, among other things because it has not reacted to any of the tests established to date. AIDS, which is manifested as an acquired syndrome of a reduction in the immunological defense of the organism, has causes in the genes, and genes cannot be penetrated easily. It is therefore difficult to predict when the world will have an effective vaccine against this "new plague" of mankind.

The disease is spreading throughout the world with disturbing speed, and the danger is greater where preventive measures have been neglected. In the United States, so far 17,000 people have come down with AIDS, 9,800 of whom have died. Since 1 January 1986, 2,129 people in that country have come down with AIDS, compared to 1,082 during the same period last year. Every week an average of 220 people in the United States become ill! In Italy, 23 cases were recorded by last April, and this year there are 164. The disease is spreading rapidly everywhere, and as a rule the number of cases has doubled in less than a year. It is logical that our country, which is open to the whole world, and is furthermore oriented toward tourism, cannot be immune to this epidemic, and so the professor warns that a false picture is being created here when some people claim that "it is not necessary to create an obsession with the danger," although this "is not an obsession, but a real danger."

"You see, in the United States about 2,000,000 people are infected with AIDS, and in Europe about 140,000. No one knows how many of these people will become ill, since not everyone who carries the virus becomes ill, although they are contagious for others. This is, to put it in popular terms, an amazing disease, since it creates antibodies in the blood of the victim, but in this case the antibodies do not offer any protection against AIDS. On the other hand, only a third of those carrying antibodies become ill from the so far incurable AIDS or IRC [as published], a related but relatively curable disease," the professor explains.

What Is It Like in Our Country?

[Question] So far three cases of AIDS have been confirmed in Yugoslavia. Professor, do you think that the disease, in its general inroads in Europe, will also affect us more strongly?

"I do not deal in prophecy, but the spread of this disease in individual countries depends on several factors, particularly on some traditions, including people's lifestyle and sex life, since AIDS is primarily a venereal disease. Of course, a means of preventive protection of people in the so-called risk groups (homosexuals and bisexuals, drug addicts, and hemophiliacs) is important, and it is especially important to inform the public at large accurately about the manifestations of the disease," he asserts.

The professor emphasizes that in our country, within the risk group hemophiliacs are particularly threatened; their disease is manifested in their blood's inability to coagulate, and so they take the "factor VIII" and "IX" blood preparations. These victims are suffering throughout the world because they receive blood from people infected with AIDS. For this reason, all blood taken for transfusion in the United States and all the West European countries is tested.

"I am not certain whether I am completely right, but I claim that it is very irresponsible that there are still institutes for transfusion in Yugoslavia that do not test blood for AIDS. I only know of this being done in Ljubljana and Zagreb, but blood is donated throughout the country. It is true that the Federal Institute for Health Care has banned all imported blood preparations for treating hemophilia produced by companies that have not tested the blood for AIDS, but this is also a question of blood from our own institutes, which is used for transfusion in general. Each year we need about DM 16,000,000 for purchasing imported components to carry out just one test of suspected blood samples, and about $50,000 annually is needed to inspect blood that is taken for transfusion. For impoverished health care this is a great deal, but it is the least that we must do, for others have invested much more. For us, the problem is not just collecting the money, but also determining how it will be collected. That is not a preventive measure," the professor says.

Professor Likar states that our country does not yet have any legal regulation of the issue of the status of the disease and of those suffering from AIDS. For example, how should a doctor react with respect to the environment of a person proven to be carrying antibodies or the AIDS virus? Should the family of such a person be warned of this, or others associated with him, even though one must expect that in most cases such a person will endure isolation even from those closest to him, since his illness contagious for those around him? In other countries such warnings are covered by laws, but in our country in this regard there allegedly exists a decision by the Federal Commission on AIDS, which, unfortunately, many people do not comply with.

Not Quite Everything Is True

The Ljubljana Institute for AIDS has so far tested about 900 samples of blood serums, about half of which belonged to people requesting this themselves because they suspected that they had the AIDS virus in their blood (drug addicts, homosexuals, hemophiliacs, some doctors working with victims, etc.). In 75 cases, however, the presence of the AIDS virus was established (according to federal data, there have been a total of 180 positive findings in Yugoslavia).

"We estimate that of these 75 cases one third, i.e. 25 people, will come down with AIDS or IPC [as published]. When? It cannot be predicted, since the incubation is long time and differs a great deal from patient to patient. On the other hand, the question is whether this is everyone who will become ill here," our interlocutor states.

We tried to find out what comrades from the Federal Committee for Health said about some of the professor's assertions.

"Our Committee allocated the Institute in Ljubljana 2.5 million dinars for the service of a referral laboratory, since that is how much was contracted for, and they can charge for everything outside that contract according to the list of rates. On the other hand, the Federal Executive Council did not approve any 30 million for the purpose of the fight against AIDS," says Dr Nikola

Georgievski of the Federal Committee for Health. He states that the Ljubljana Institute never requested funds for the purchase of equipment, and that if it had requested them, it could not have sent the request to that Committee.

Assistant Professor Aleksandar Dujic spoke about Prof Likar's assertion that the Belgrade Institute had received 27.5 million dinars:

"It is not true that the Institute for Genetic Engineering in Belgrade received that money; instead, that request was postponed until later on at the latest meeting of the Federal Commission for AIDS. Otherwise, we do not understand what Professor Likar wants, since he himself requested that the microbiological institute in Ljubljana become a referral laboratory, but it seems that he was thinking of building a completely new institute. I heard that he had even requested 900 million dinars, although I do not know whether that is true. In any case, as far as Prof Likar's prediction about the spread of the disease is concerned, I agree with Likar. We have a total of 180 seropositive individuals, and I will even state that there are three or even five times as many, of whom we do not know that they are positive," Dr Dujic says.

9909
CSO: 5400/3015

SUSPECTED AIDS CASE REPORTED IN SARAJEVO

Sarajevo OSLOBODJENJE in Serbo-Croatian 16 May 86 p 5

[Text] Recently, some of the public media reported that a case of AIDS had been discovered in Sarajevo. The news springs from unofficial sources, because officially it has not yet been proven that AIDS is involved, for every possible case of that illness must be examined at specially equipped, so-called reference laboratories (in Ljubljana, Zagreb, or Belgrade) and confirmed by a special commission in Belgrade.

However, the possibility that AIDS is involved has not been ruled out, for all the symptoms, as well as the tests that have been performed, confirm that the case may indeed be AIDS, a disease which has been terrifying Americans for 5 years already and which is now feared by the inhabitants of many developed West European countries. Because no infectious disease recognizes state borders, Yugoslavs are not protected from this pernicious virus, as is evidenced by the three officially confirmed cases of AIDS discovered in our country to date. In addition, investigations have shown that about 30 percent of our drug addicts are infected with the AIDS virus, as well as 3 to 5 percent of homosexuals (unfortunately, their exact number is unknown, because they rarely "go public" and report for examination). Also infected are 14 to 15 percent of hemophiliac children who received from America the so-called "factor 8 and 9," a medicine that was infected with AIDS. That medicine is no longer used here, but it left as a legacy the "American disease."

As is known, carriers of the virus do not necessarily contract the disease, which is usually spread by homosexuals, drug addicts, and prostitutes, and which is transmitted by means of blood transfusions in which the blood is not examined, by unsanitary hypodermic needles, etc.

Proceeding from the supposition that AIDS--a disease for which there is no cure--can also turn up in Bosnia-Hercegovina, we asked some official health institutions to tell us where or to whom patients who are suspected of having AIDS should go or report. The question was all the more interesting because some general practitioners who receive drug addicts in their clinics told us that such patients return to them even from the infectious disease clinic in Sarajevo with a note that "this is not their case." It appears from this that individual doctors are not familiar with the possibilities for diagnosing and treating this illness if it appears here.

In the Committee for Health and Social Welfare of the Executive Council of Bosnia-Hercegovina it is felt that every suspected case of AIDS should be sent to the infectious disease clinic in Sarajevo, and if the specialists in that clinic thought that they were dealing with a case of AIDS, the patient should be sent to one of the reference laboratories in Ljubljana, Zagreb, or Belgrade, where the diagnosis could be confirmed.

Additionally, we learned from Prof Dr Jakob Gaon, one of the leading epidemiologists in Sarajevo, that he had just translated the WHO "Directives for AIDS in Europe," which will soon be published, principally to familiarize health workers with these problems. He thinks that it is essential even now to ready a health center specializing in that disease, which would test for the presence of the virus in the blood of certain (suspect) sectors of the population and at first carry out prevention measures and subsequently, if necessary, concern itself with treating the patients.

/12858
CSO: 5400/3018

GERMAN DEMOCRATIC REPUBLIC

BRIEFS

SWINE FEVER DIAGNOSED--Berlin (ADN)--Two cases of classic swine fever were diagnosed in one pen in Koenigswusterhausen Kreis, Potsdam Bezirk, as the Ministry of Agriculture, Forestry and Foodstuffs Industry reports. All animals in the sty were slaughtered in keeping with the appropriate legal provisions and the required veterinary hygienic measures were initiated. [Text] [East Berlin NEUES DEUTSCHLAND in German 15 Apr 86 p 2] /9604

CSO: 5400/3017

JAMAICA

FUNCTIONS OF VETERINARY DIAGNOSTIC LABORATORY DESCRIBED

Kingston THE DAILY GLEANER in English 21 Apr 86 p 10

[Article by Sharon Pitterson]

[Text] The Linton McDonnough Veterinary Diagnostic Laboratory was established in Jamaica in 1941. It was set up to meet the need for depth laboratory support by veterinary practitioners, livestock and poultry farmers and others involved in animal related matters such as animal disease regulatory officials.

The present facilities were opened in 1978. This laboratory is the only one in Jamaica and offers full service to hundreds of farmers and pet owners each year. One of its major objectives to give diagnostic support to the problems of the livestock and poultry industries, through the local field veterinarians. Staff prsonnel work in conjunction with specialists from local and international laboratories.

This central laboratory has six component parts namely: Bacteriology, Pathology, Virology, Serology, Parasitology and Leptospirosis which function to establish where possible definitive diagnoses of disease entities from specimens received. Here, post mortem examinations are performed by a Veterinarian, and relevant specimens of tissues, fluids etc. are sent to the appropriate laboratory for the isolation and identification of pathogens or diseased conditions.

The Linton McDonnough laboratory is committed to working through local veterinary practitioners since they can evaluate the problems of clients and producers and identify those requiring laboratory assistance. Specimens are submitted to the laboratory at the direction of the field veterinarian. Results of examinations, tests and analyses are returned to the veterinarian for consultation in helping to formulate a diagnoses and to recommend action in terms of treatment regime and/or control.

The laboratory is involved in several projects such as the Food and Agricultural Organizations, Veterinary Health Delivery Project, which is undertaking various surveys such as the parasitic and mastitis problems affecting livestock owners.

A Leptospirosis survey project with Project Hope sees the facility serving as the National Leptospirosis Laboratory. Historically, this laboratory has made significant contribution to the Public Health sector, assisting in the control of zoonotic diseases, those affecting both man and animal.

In the 1947-1951 period it served as an adjunct laboratory to the Government Medical laboratory in preparation of media, identification of Salmonella and potency testing on drugs.

The treatment of animals is greatly dependent on the susceptibility responses obtained in the Bacteriology laboratory. Diseases such as Mastitis, Blackleg, Camphylobacteriosis, various Mycoses and Colibacillosis are identified. The laboratory also facilitates the production of vaccines such as Escherichia coli and wart types.

The Serology laboratory functions mainly in the programme to eradicate Tuberculosis and Brucellosis. Here, sera and milk from cattle and sera from goats, sheep, dogs, horses and man are tested for antibodies to the Brucellae organisms. Also, Hematological tests are carried out on whole blood as an aid in the diagnosing of anemias, bleeding disorders, hemoparasites and other hematological disorders of animals.

The Leptospirosis laboratory has been designated the National Leptospirosis Laboratory. It works in association with the Veterinary Public Health Sector of the Ministry of Health in the survey and diagnosis of leptospirosis, a Zoonotic disease affecting both humans and animals.

In Parasitology the main service provided in fecal egg counts of gastrointestinal parasites of animals. There is also the isolation and identification of some blood parasites such as **Heartworm** in dogs, Anaplasmosis and Piroplasmosis in sheep, cattle and goats.

In the Histology laboratory, consulting Veterinary Pathologists work on the diagnosis of pathological entities. In addition, this laboratory serves to facilitate the teaching of Medical Technologists from the College of Arts, Science and Technology (CAST).

Screening programmes and the survey of certain Viral and Poultry diseases are undertaken through the Virology and Poultry pathology laboratory. This helps to establish an islandwide profile of animal diseases due to viruses and to make for an early recognition of the presence of some important Viral diseases. Tests are made for diseases such as **Newcastle Disease**, Salmonellosis, Equine Infections, Anemia, **Pseudorabies**, Toxoplasmosis, Caprine Arthritis/Encephalitis and Bovine Leucosis. These tests are important in determining the status of livestock and products for import and export.

The Veterinary laboratory works in conjunction with the Government Toxicology Laboratory in diagnosing poisoning by plants, chemicals and other substances.

The field veterinarian, based on the clinical history, Post mortem findings definitive diagnosis of the particular disease entity. Results are discussed with farmers and the appropriate treatment regime effected.

The laboratory, located at Hope, adjacent to Hope Boulevard is open from 8:30 a.m. — 5:00 p.m. daily weekdays. Here, a team of veterinarians, Medical Technologist and Technical Assistants work together in the diagnosis of animal and zoonotic diseases, in addition to giving advisory information to livestock owners and the public.

/9317
CSO: 5440/078

CHARACTERISTICS OF HONEY-STEALING NATIVE BEE DESCRIBED

Mexico City CONTENIDO in Spanish Apr 86 pp 35-37

[Article by Jose Mora J.]

[Text] The "niit-kib" have nothing in common with the controversial African bees. They are found in large numbers in Yucatan in particular, and they live to rob and murder.

Barely visible through the dark foliage, a long, narrow tube of wax projects from the top of the tree. It is the entrance to a sylvan beehive, which suddenly begins to spit forth the shiny little dark brown bodies of speeding bees preparing to begin another day. Initially the bees buzz and circle around the nest, waiting for the rest of their comrades. When the swarm has become dense, they all set off, as if at a signal, in the same direction.

They are going in search of food. But this will not be done with each bee on its own peacefully and industriously paying visits to flowers here and there. Instead, they will make a devastating collective incursion, plundering and killing. These miniscule insects are the real killer bees, and they have nothing in common with the African variety which has achieved notoriety thanks to reports in newspapers, films and television programs. And in addition, they are not even related to the African bees. They belong to an entirely different genus, family and species. They are included in Lestrimelitta limao, one of the dozens of species of native bees on the American continent found in Mexico and other countries, which the biologists term Meliponinae.

All of these native bees are characterized by small size, smaller than that of the common European bees introduced by the Spaniards, of which the African or Africanized bee is but one variety. They are also characterized by the lack of a stinger. Almost all of them have habits similar to those of the European bees. In other words, they spend their time collecting pollen, water and resins. The Lestrimelitta, commonly called "niit-kib" in Maya, "limoncillo" in Spanish, and "limon-kab," a hybrid Mayan-Spanish term, are the exception. These bees are what entomologists delicately term kleptobiotic, i.e., they are thieves.

The swarm advances on a European beehive and dives on the sentinels guarding the entrance. Caught by surprise, the sentinel bees try to put up a resistance, but they are speedily and efficiently annihilated. The invaders then stream in torrents through the open breach and scatter through the labyrinthian interior of the hive.

The battle seems an unequal one. The European bees are three times the size of the others, there are more of them and they have their formidable stingers. But the diminutive "niit-kib," on the other hand, have powerful jaws with which they can crush, rip off and mutilate wings, feet and heads. Also, their ferocity is surprising. "Just one of them," Yucatan scientist Jorge Gonzalez Acereto explained, "can confront and vanquish two or three European bees."

The Lestrimelitta also use a chemical weapon. Glands located in the jaws secrete a certain substance, a pheromone, which apparently blocks the physiological mechanisms of the victims and weakens their resistance. The sharp lemony odor of the pheromone, which is the source of the common names "limoncillo" and "limon-kab," spreads to every corner of the colony, creating panic and chaos. The queen, the worker bees and the drones try to escape, retreating to the depths of the hive and leaving the honeycomb to the mercy of the attackers, who immediately begin their unrestrained plundering.

The "limoncillos" hurl themselves upon the cells, avidly sucking up their booty of honey, pollen and royal jelly. Some of them, zootechnician Gonzalez Acereto has observed, are so voracious that they strip the growing larvae to extract the content of their intestines.

Wave After Wave

The attackers in the first wave start back toward their hive, flying clumsily because of the load they carry in their stomachs and the weight of the wax adhering to their feet. But new squadrons arrive to continue the methodical pillaging.

The band has established absolute control. One group builds a tube of wax similar to that at their own nest at the entrance to the invaded colony. There they mount guard, driving away or annihilating any foriegn bee attempting to enter. The worker bees returning from the field encounter this unfamiliar and aggressive garrison and, confused, they either turn back or try stubbornly to enter, only to be destroyed. In the interior, the centers of resistance are quickly subdued. More and more warlike hordes continue to arrive to join in the methodical destruction and plundering of the hive. Those in the first wave, once they are regurgitated their booty in their own den, return for another load, and so on again and again, until the pillage is almost complete. Only then do the "limoncillos" put an end to their incursion, leaving behind them a trail of corpses, smashed honeycombs, empty cells and terrified survivors. But if the bees succeed in rebuilding the hives, the invaders will return to it. As many as three attacks on a same colony have been observed in the course of one year.

Evolutionary Deviation

The "niit-kib" engage in organized and systematic thievery simply because they have no other way of surviving. All of the other species of bees, both

European and American, have structures called corbiculae, which serve as carriers for transporting the pollen and other products they collect. The Lestrimelitta lack these carriers, and as a result it is impossible for them to obtain food in the usual manner.

It is not known if the lack of corbiculae is what forced this species to become thieves, or whether the reverse process occurred. In other words, they may have lost the corbiculae because when they engaged in plunder, these organs became useless appendages which in the end atrophied and disappeared.

An intermediary possiblity is that in the distant past, all the Meliponinae had more or less rudimentary corbiculae. By a process of natural selection, the corbiculae in the majority of the species were perfected, becoming increasingly efficient with use, enabling these species to specialize in the location, transportation and storage of pollen, nectar, mud, water and resins, all materials used for food or building the hives. But the Lestrimelitta, which perhaps developed late, may have encountered a peculiar situation, being ill-adapted to collection, while around them there were flourishing colonies of worker bees with rich food reserves. They might then have begun to plunder their neighbors occasionally, and having been successful, came to specialize in the end in criminal activities, to which end their strong agressive instinct developed. Then the rudimentary corbiculae, no longer needed, would have ceased to develop and would have disappeared.

All of this is no more than speculation, because there has not been enough study of the robber bees to clarify their evolutionary history. It is not even known precisely what role they play at present in the complex ecology of the tropical and semi-tropical zones they inhabit, from the Amazon region of Brazil, where it is supposed they originated, to Mexico.

They do not have any pollenizing function, because they do not visit flowers. Nor is it known if they serve to control harmful insects. Their attacks are limited to the colonies of other Meliponinae and apiaries where European bees are being raised, such that they are regarded as a scourge. But they are not a direct threat to man. The Lestrimelitta, the real killer bees, sometimes even live in the heart of urban areas, winners in the millions of years of struggle for survival.

5157
CSO:5400/2046

DOMINICA

COCONUT MITE DAMAGE INCREASING; CONTROLS BEING WEIGHED

Roseau THE NEW CHRONICLE in English 11 Apr 86 p 13

[Text]

Coconut mites are one pest that growers here will have to live with, says coconut mite specialist Dr. David Moore. Jamaican Coconut growers have been tolerating a 2 - 3 % loss of production due to coconut mites, he says.

He recently spent three days here looking at the coconut mite problem and reported that the pest in some areas here is as extensive as in some parts in St. Lucia where the coconut mite is presently posing a serious threat to coconut production. The areas of Calibishie and Woodford Hill appear to be the most heavily infested.

The coconut mite is a very small insect-like creature which feeds on young growing coconut husk tissue. Besides scaring coconut husks, the mites cause the production of smaller nuts, the production of less nuts per year and nuts which are difficult to husk.

According to an official of the Coconut Rehabilitation and Expansion Project, the effects of mite on coconut production here has not been measured but its effects has not been felt at the processing plant level.

Whatever the effect of mites on coconut production, farmers can minise production loss by increasing overall production, said Dr. Moore. Among the measures he recommends are: rat control, sanitation, drainage, weed control and the replanting of old trees.

Where did the mites come from? Mr. Frank Schneider, Director of the Coconut Project says the mite was not recently introduced here since farmers have reported seeing signs of mite damage many years ago.

But in the past two years, reports of mite damage has escalated. "We must have thrown something off balance", Mr. Schneider said.

The coconut rehabilitation project is presently working on a mite monitoring and surveillance programme. Project officials are also undertaking preliminary control trials using some of the same chemicals which were unsuccessful in control experiments in St. Lucia, hoping that environmental differences will yield better results.

Chemical control of mites is compounded by a number of factors. One major constraint in the height of mature bearing trees which makes ground spraying difficult. Another fact is the area in which mites live and feed. Coconut mites hide below the green bracts of young nuts, often at the "button" stage. As the nut grows the feeding marks radiate from under the bracts in the form of triangular yellowish green or whitish areas on the nut surface. As nuts continue to grow the damaged areas become corky, may crack and exude a sticky gum-like substance.

In the search for control measures, Mr. Schneider said Shell Chemicals may soon introduce a "pesticide nail" which will be driven into the trunk of the tree. Scientists have been reluctant to recommend chemicals which persist for very long in the plant because of the dangers of residues in the "jelly" and water of young nuts.

One probable measure of control is biological control.

One other measure officials here hope to implement is the use of resistant varieties. Mr. Schneider says the project may consider the introduction of the MAYPAN variety, widely grown in Jamaica, which shows some measure of resistance. Selection of nuts from local high yielding types which appear to "stand-up" to the pest may be used in the production of plants for future plantings.

/9317
CSO: 5440/081

GOVERNMENT MOVES TO CURB COCONUT CEDROS WILT DISEASE

Georgetown GUYANA CHRONICLE in English 27 Mar 86 p 3

[Text] An order issued under the Plant Protection Act has placed restriction on the transporting, planting and harvesting of coconut palms in Regions 1, 2, 3, 4, 5 and 6.

This order, made by Deputy Prime Minister Agriculture, Cde Robert Corbin, aims at controlling the dreaded Cedros Wilt disease that has infected coconut trees in many areas of the six regions.

The order which is published in the March 22 issue of the Official Gazette restricts the transporting of coconut planting materials in all areas in the six regions. The authorisation of the Chief Agricultural Officer must be obtained for the transportation of such materials. Persons are also prohibited from planting or harvesting coconut palms in the specified areas without prior permission of the Chief Agricultural Officer.

Planting materials include the coconut palm, unshelled nuts, seedlings or the soil of the plant. Shelled nuts, dried copra, processed fibre and other manufactured products of coconut are not restricted by the order.

Meanwhile the Chief Agricultural Officer has been directed to take such precautions as are necessary to prevent the spread of the disease. He is also instructed to carry out any disinfection or treatment of any coconut planting material which is likely to infest or infect any coconut palm with the disease.

/9317
CSO: 5440/082

PAPUA NEW GUINEA

COFFEE RUST THREATENS CROPS

Coffee Rust in Six Provinces

Port Moresby PAPUA NEW GUINEA POST COURIER in English 7 May 86 p 1

[Article by Peter Kili]

[Text] CABINET may be asked to approve the immediate release of K1 million to wage war on coffee rust.

Sources close to Primary Industry Minister Mr Okuk yesterday said that would be only an initial amount. More money would be needed to control the disease, which has so far been confirmed in three Highlands provinces.

Mr Okuk told Parliament yesterday Prime Minister Mr Wingti was in constant touch with Australian Prime Minister Bob Hawke.

Foreign Affairs Minister Mr Vagi will also ask for help from other countries in a bid to save the K200 million coffee industry, Mr Okuk said.

More rust has been discovered in Western Highlands — this time, outside the gates of Coffee Research Station.

That brings to six the number of Highlands areas so far declared as disease-hit.

Rust was first discovered last week in the Baiyer River valley, followed Jimi valley, and North Wahgi area.

Rust has also been spotted in Mogl, on the Highlands Highway between Kundiawa and Chuave in Chimbu, and near Mamanda, Enga.

DPI officers in Morobe have reported that Wau and Bulolo were disease-free.

Fungicide spraying is continuing while rust is still being hunted.

Spread to Madang Feared

Port Moresby PAPUA NEW GUINEA POST COURIER in English 7 May 86 p 2

[Article by Oseah Philemon]

[Text]

PRIMARY Industry officials in Madang are worried coffee rust may have spread inland.

And the provincial government has instructed DPI officials to carry out an urgent assessment of coffee in the Bundi and Simbai areas, which border Western Highlands, Chimbu and Enga, to check for damage.

A team of senior DPI officers will leave on a chartered aircraft this morning to do a "thorough inspection" of the coffee growing areas likely to be affected, a senior agriculture officer based in Madang, Paskol Ferea, said yesterday.

More than 75,000 people live on the Highlands border and depend on coffee for their livelihood.

Mr Ferea said all coffee produced in Madang was sold to buyers who travelled down from Baiyer River, Western Highlands, or Chimbu.

DPI officers did not discount the possibility that coffee rust may have already been transmitted to Madang through the buyers.

"Three groups of four officers will comb the border region to ensure Madang is not affected by coffee rust," Mr Ferea continued.

Officers are also checking remote parts of East Sepik's border with Western Highlands, Enga, Southern Highlands and Chimbu for any signs of rust.

Provincial Secretary Paul Bengo said from Wewak yesterday many Highlands rivers flowed into the Keram and Yuat rivers in East Sepik, and there was a danger the disease could be spread through infected trees being dumped into the rivers.

Mystery Disease Hits Sugar

Port Moresby PAPUA NEW GUINEA POST COURIER in English 8 May 86 p 1

[Article by Oseah Philemon]

[Text]

Ramu Sugar has been hit by an unknown disease that may cost the country K4 million in foreign exchange.

Sugar production at the Ramu Valley mills could be slashed by 80 per cent, throwing into doubt the country's ability to honor its export quota of 10,000 tonnes to the United States over the next few years.

The gloomy news comes hard on the heels of the discovery of coffee rust and its threat to the country's economy.

A top Government official yesterday said Ramu Sugar management and the Department of Primary Industry had been working "like crazy" to find the cause of the disease, which threatens to destroy half of the 6000 hectares of sugar cane in the Ramu Valley.

"It is a disease that kills the cane. You cannot spray to kill the disease — you have to actually cut the cane and uproot it, then destroy it completely," the official said.

The disease reduced the amount of sugar in the cane, and that was why the company could not produce enough sugar, the official continued.

Destruction

In February, Ramu Sugar asked for Government approval to import Australian sugar to make up for a production shortfall following weevil destruction.

The company said it needed 7000 tonnes of imported sugar to meet the quota requirement.

Primary Industry Minister Mr Okuk at that time supported the move, saying imported sugar would be cheaper.

Yesterday he was not available to comment on the latest destruction.

Government officials said imported sugar would cost K300 a tonne compared with Ramu Sugar produce, which costs K700 a tonne.

It was now certain the company obligation to meet its US quota requirement was under serious threat.

The company was unlikely to meet the domestic demand for sugar, the official said.

Ramu Sugar employs nearly 3000 people and would now have to destroy half its total crop and replant over the next two years with a disease-resistant variety.

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CSO: 5400/4375

SPRAYING OF WHEAT FOR ARMYWORMS ENDS

Dar es Salaam DAILY NEWS in English 3 May 86 p 3

[Text] Spraying operation at the Hanang wheat complex which was invaded by armyworms is over. The two planes which sprayed the farms left about a week ago.

The General Manager of the National Agricultural and Food Corporation (NAFCO), Ndugu Venance Ngula, said in Dar es Salaam yesterday that of the 23,600 hectares invaded by the pests, 16,800 hectares were sprayed.

Ndugu Ngula said 7,708 hectares were destroyed by the armyworms, which invaded the farms on March 28.

The armyworms invade 800 hectares in Basotu, 480 in Setchet, 2,000 in Mulbadaw, 600 in Murjanda, 2,148 in Gawal, 1,000 in Gidagamowd and 680 in Warret.

The general manager said, however, not all hectares were "totally damaged" because wheat leaves had the tendency to grow again even after being eaten by pests.

He said hoped that some of the leaves in infested areas would grow again, especially at present when there was enough moisture because the current rains were falling on the wheat belt for the past two weeks. [as published]

Although the spraying was done by two planes--one from the Desert Locust Control Organisation for Eastern Africa and the other from Kilimo Anga--was over, the extent of the damage in terms of financial loss was still being computed, Ndugu Ngula said.

Ndugu Ngula also said efforts to destroy pockets of quelea quelea birds at the wheat complex, particularly in Gawal and Gidagamowd farms, were going on smoothly.

He explained that the farms management had mobilized personnel to do ground spraying this was being carried out alongside the destruction of armyworms breeding grounds, to avert recurrence.

/9274
CSO: 5400/123

TANZANIA

BRIEFS

ARMYWORMS DESTROY 650 HECTARES--Armyworms have destroyed 650 hectares of various crops in Mara Region since the pests were first spotted in the region in February this year, Shihata reported. The Mara Regional Agricultural Development Officer (RADO), Ndugu Peter Barie, said yesterday in a report that until the end of March, the armyworms had destroyed 95 hectares of millet, sorghum and maize in Bunda District. The report shows that Tarime district has been affected most and that during the period the pests destroyed 400 hectares of various crops including millet, maize and sorghum while 145 hectares were destroyed in Serengeti and 10 in Musoma District. Ndugu Barie said his office was fighting the pests using samiphion and femithrithion chemicals. On the Larger Grain Borer (Dumuzi), Ndugu Barie said the pest, which was spotted in food markets in Bunda District, had already been destroyed by the use of permephrine 0.5 percent insecticide. He said cash crops such as cotton, sim sim and sunflower were doing well in the region following the current good rains. He said, however, that although cotton was doing well shortage of dry cells had affected spraying of the crop. Tarime District, the only one growing coffee in the region, had planted 1,870 hectares of the crop by March 31 this year, and that 17,200 seedlings had been distributed in the district. [Text] [Dar es Salaam DAILY NEWS in English 29 Apr 86 p 3] /9317

CSO: 5400/121

MINISTRY OF AGRICULTURE HOLDS CROP PROTECTION CONFERENCE

Hanoi NONG NGHIEP in Vietnamese 25 Feb 86 p 1

[Article by V.P.: "Crop Protection During 1985 10th Month Season Recapitulated and Guidance of 1985-1986 Winter-Spring Plan Discussed"]

[Text] Recently the Plant Protection Department of the Ministry of Agriculture held a conference to recapitulate the insects and diseases situation in the 1985 10th month season and the plan for guiding the 1985-1986 winter-spring season in the northern provinces.

During the 1985 10th month season the weather and insects-and-diseases situation in the northern provinces were very complicated and there were shortages of materials and material bases, but with all-out, outstanding efforts the crop protection sector was able to limit the damage caused by insects and diseases and contribute positively to winning victory in production. Many localities, fully understanding that preventing and eliminating insects and diseases, made that work a permanent concern concentrated on the decisive periods. Manual methods were widely used in preventing and eliminating insects and diseases, and the use of chemicals to prevent and eliminate insects and diseases gradually met technical requirements. Clear results were attained in places in which service contracts were signed between the crop protection organ and the production base. In many places crop protection networks were organized and strongly consolidated. The specialized and professional skills of the technicians were continually improved. Therefore, damage caused by insects and diseases was notably limited and production was well protected. However, the conference also noted that because of the importance of the crop protection work the movement to prevent and eliminate insects and diseases was not uniform among the provinces and among the districts within provinces, which considerably affected production. In many places attention was not paid to manual methods in preventing and eliminating insects and diseases, and the use of chemicals did not meet technical standards. The organization of some prevention and elimination campaigns was not timely, so in some places 50 to 60 percent of the crops were damaged.

The conference discussed and unanimously approved a plan to prevent and eliminate insects and diseases during the 1985-1986 winter-spring season. With regard to rice, rice blast is the object most worthy of attention, followed by stem borers, leaf rollers, rice hispa, brown leafhoppers, and rice wilt. With regard to corn, it is necessary to guard against cirphis salebrosa, which do heavy damage from the end of January to mid-February. With regard to jute, it is necessary to guard against plusia eriosoma, which do heavy damage from the end of May to mid-June. With regard to soybeans, attention must be paid to rust and erysiphe cruciferarum. With regard to peanuts, attention must be paid to borers and stem rot. With regard to tobacco, attention must be paid to powdery mildew.

Vis-a-vis techniques, combined prevention and elimination measures must be well implemented. Inspections must be stepped up in order to uncover and grasp the insects-and-diseases situation, and accurate forecasts must be made at an early date, in order to make timely recommendations regarding prevention and elimination policies and measures. The application of manual measures must be promoted. Attention must be paid to using chemicals more effectively.

With regard to the organization of guidance, it is necessary to rapidly reorient the activities of the crop protection stations along the lines of fulfilling the state management function while engaging in technical services, managing materials, and guide the effective use of and the building up and training of the corps of crop protection cadres at the basic level.

Insecticides and pumps must be meticulously prepared, and special attention must be paid to managing materials in the cooperatives.

As we begin 1986, the crop protection sector will undergo a strong transformation in accordance with the new mechanism, and capabilities, intelligence, and materials will be brought into play to serve production. the agricultural production mission is becoming increasingly great and the protection of production is becoming increasingly difficult. The crop protection sector is determined to, along with the other sectors, win total victory during the winter-spring season.

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24 JUNE 1986

Worldwide Report

EPIDEMIOLOGY

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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EPIDEMIOLOGY

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BANGLADESH

BRIEFS

CHOLERA, DIARRHEA EPIDEMIC--Cholera and diarrhoea have broken out in an epidemic form in Chandpur Sadar, Matlab and Faridganj upazilas. Eight persons died and over 250 patients, mostly women and children, were admitted in Matlab Cholera Hospital in the last three days. According to the Civil Surgeon Office, out of the total patients, 50 per cent have been attacked with cholera and the rest with diarrhoea. The affected areas are Changpur Puranbazar, Ramdasdi, Bishnadi, Bagadi under Chandpur Sadar, Batithuba and Krisnapur under Faridganj upazila, while Amirabad, Zahirabad and other char areas of Matlab upazila. According to a source of Matlab Cholera Hospital, 17 cholera patients were brought to this hospital. The Deputy Commissioner, Sp and Civil Surgeon of Chandpur visited the affected areas. When contacted, the Civil Surgeon, Chandpur told this correspondent that five medical teams have been working in each affected upazila and a medical camp will soon to opened at Baburhat of Chandpur Sadar. It is apprenhended that scarcity of pure drinking warter is the main reason of this outbreak of cholera and diarrhoea. [Text] [Dhaka THE NEW NATION in English 4 May 86 p 2] /13104

CSO: 5450/0140

BRIEFS

AIDS SITUATION--George (Doc) Allen, the 40-year-old Parson's Road resident who last March appealed for community understanding of AIDS and its victims, has died. Mr. Allen became the Island's 21st AIDS fatality, the most recent victim of the disease that appears to be spreading beyond the high risk groups of intravenous drug abusers, homosexuals and the sexual partners of drug abusers. Two new AIDS cases in April and one in March raised the official total of reported AIDS cases to 33, said information released yesterday by Chief Medical Officer Dr. John Cann. Mr. Allen's death last Friday was the first AIDS fatality in more than two months. Dr. Cann's report showed that the pattern and distribution of the disease over March and April had not changed from previous months: intravenous drug abusers still account for the bulk of AIDS cases (82 percent), followed by homosexuals (nine percent) and the sexual partners of drug abusers (six percent). [Excerpts][Hamilton THE ROYAL GAZETTE in English 8 May 86 p 1]/12828

CSO: 5440/083

RISING INCIDENCE OF DISEASES NATIONWIDE DISCUSSED

Country Backsliding in Epidemics

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Text] Just 80 years after Oswaldo Cruz's fight against the epidemics in Rio de Janeiro, Aedes aegypti, which he fought with his teams, is reappearing in Brazil. And, as if the yellow fever which it always transmitted were not enough, the mosquito now comes bringing another disease--dengue--which is hitting Nova Iguacu and which is threatening to invade Sao Paulo along the Dutra Highway, coming in by truck, the same way it came to Roraima. The cities in the interior, which have already lost victims to the "disease of Promise," an enemy as yet unidentified, are also struggling against the mosquito. In the opinion of the Health Secretariat, dengue and yellow fever are "imported diseases" but this does not mean that they cause any less damage. Sylvan yellow fever has always existed, as demonstrated by the statistics, and the novel feature is the possibility of its return to urban areas; the carrier mosquito, which moves by truck from the North to the South, also comes from abroad, getting off ships and aircraft coming from Africa, the Caribbean, and even the United States. Aedes was already caught quite by surprise in 1981 on board a jet which arrived from Miami but it was eliminated in time at the Brasilia airport. The people of Sao Paulo, who 10 years ago faced the terror of meningitis and encephalitis, will now have to go after the mosquito which assiduously settles in stagnant waters, if they do not wish to fall victim to the epidemics which, according to all indications, had appeared to have been eradicated a long time ago. But Brazil is also suffering from other diseases. This year, there have already been 401,000 reported cases of malaria throughout the country, with the exception, only, of the Federal District, Rio Grande do Sul, and Fernando de Noronha. Almost 99 percent of those cases were concentrated in Amazonia which is busy exporting them to the rest of the nation's territory. Chagas disease, which is transmitted by the barber bug, is infecting the population of 19 states, while 6 million persons are carriers of Schistosomiasis. Leishmaniasis chalazion (which attacks the kidneys and the liver, especially in children) is on the rise again in the Northeast. Diseases that could be prevented by means of immunization--such as measles, infantile paralysis, whooping cough, tetanus, and diphtheria--are swelling the statistics. And they kill.

Diseases Imported Into Sao Paulo

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Iara Dias]

[Text] This year alone, three cases of yellow fever, two cases of dengue, and thirty-seven cases of purpuric were registered in the State of Sao Paulo. These are diseases of an epidemic character and, in the case of purpuric fever, the mortality rate is high. Out of 37 children, aged between 3 months and 10 years, who contracted the fever, 20 died.

According to data supplied by the Epidemiologic Surveillance Center of the Health Secretariat, purpuric fever hit 14 children in Serrana, ending in six deaths; 13 in Sao Jose do Rio Preto (8 deaths); 5 in Castilho (1 death); 4 in Marilia (all died); and 1 in Barretos who also died. Last year, ten children died in the State as victims of this new and unknown epidemic.

Researchers at the Adolfo Lutz Institute, who are trying to discover the causes of this new disease, believe that they are close to a scientific solution: the bacterium haemophilus aegyptus, the causal agent of conjunctivitis and some skin infections, was isolated in the liquor and blood of the victims. One assumption is that this bacterium, transmitted from person to person, without a carrier, is responsible for purpuric fever.

Alexandre Vranjac, the center's director, says that this fever is currently the great preoccupation of the Secretariat. The disease is already considered to be an epidemic.

The cases of yellow fever and dengue are "imported" from other states. Out of the three yellow fever victims—a fisherman from the region of Sao Jose do Rio Preto and a driver and his assistant driver from the township of Aracoiaba da Serra—two died. Only the assistant driver survived. All of them had been in Mato Grosso where there is a high index of sylvan yellow fever.

The return of the Aedes aegypti mosquito to urban areas, acting as the agent that transmits yellow fever and also dengue, entails the risk of a return of an urban yellow fever epidemic. The virus is the same. A person who is sick with sylvan yellow fever, if stung by Aedes, will transmit the virus to the mosquito which can spread it to the urban population. Aedes has a daytime habit; it stings primarily during the day. "It is a bug," says Alexandre Vranjac. "It bites a person several times."

In addition to that, the female Aedes lays its eggs in any little drop of water. "It likes clean water," notes Vranjac. As part of the campaign which the Health Secretariat is trying to mount in an effort to fight aedes—the mosquito has already been found in 65 townships in Sao Paulo, including in the capital—the people have been warned not to leave any containers with water standing around, such as water left at the bottom of glasses, empty jugs, or any object that can accumulate water.

The two victims of dengue in the state also contracted the disease outside Sao Paulo, in other words, both of them in Nova Iguacu. One of them was a rubber worker in Guarulhos--in the township of Greater Sao Paulo which has six aedes foci--and the other one was a lady doctor in Pinheiros. The case of a woman from Rio de Janeiro, who was passing through Sao Paulo, could not be confirmed. In these cases, dengue is of type I, in other words, it is benign. But there are four types of dengue, including hemorrhagic, and nobody knows for sure how benign dengue develops into hemorrhagic dengue.

In Sao Paulo, the fight against the mosquito is the responsibility of SUCEN (Superintendency of Endemic Disease Control of the Health Secretariat) and SUCAM (Superintendency for Public Health Campaigns) of the Public Health Ministry. Last year, SUCAM asked SUCEN for help in fighting the mosquito. The SUCAM budget in Sao Paulo only comes to 12 million cruzeiros per year, the equivalent of 1 million cruzeiros per month, and the agency is operating three stations in the state (the capital, Santos, and Araraquara), with a total of 120 personnel. In the capital, there are 50 persons assigned to office work. Endemic disease watchers total 60 in Santos. SUCAM is also responsible in Sao Paulo for the fight against the mosquito in ports and airports.

When the state government, through SUCEN, in August of last year took up the fight against the mosquito in the state, there were 17 infested townships. Today there are more than 40.

Success in Fight Against 'Breeders'

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Valderi Dos Santos]

The aedes aegypti infestation index is still high in Presidente Prudente; it is 15.4 percent or 3 times higher than what could be considered normal, according to the WHO. But it reached 42.18 percent in January. The drop over the past 3 months can be explained by the completion of 4 cycles of insecticide application by SUCEN, in addition to the fight against the "breeders" in water containers. In July 1985, SUCAM vaccinated the township's population against yellow fever as part of a campaign which is now being extended to other cities in the region.

The mosquito that transmits yellow fever and dengue appeared first of all in Presidente Prudente in April of last year and was then identified also in the cities of Presidente Wenceslau and Alfredo Marcondes. In May, four persons debarked in Prudente with fever contracted in Mato Grosso and two of them died, according to health engineer Paulo Hiroshi Koyanagui.

He reported that there were no new cases but aedes then reached other townships. Presidente Prudente, State Agency.

Five Children Dead in Serrana

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Carlos Alberto Nonino]

Within just a month, five children of pre-school age died as victims of purpuric fever in Serrana, a township of 16,000 inhabitants, in the region of Ribeirao Preto. The last case, on 27 April, involved Claudinei Balduino, 1 year and 11 months, whose father, Jose Carlos, denounced medical negligence. The 4th victim died 17 days before and Claudinei's death showed that the problem had not been solved, as had been believed earlier.

"There may well be another new case," warned Jarbas Leite Nogueira, the regional director of the Health Secretariat, recalling that, in Promissao, the majority of the 10 deaths due to purpuric fever occurred over a period of 4 months. Serrana has already registered 24 cases and 3 children are still hospitalized in Ribeirao Preto.

Claudinei began with symptoms of severe grippe after a crisis of inflammation of the tonsils. Taken to the medical station at the Pedra plant, 7 kilometers from the city, 2 days before, she was then taken to the Holy House of Serrana. The fever was only detected in the Santa Lidia Hospital in Ribeirao Preto. In defense of the doctors who took care of her, the clinical director of the Serrana Hospital, Dr Alcyr Barbim, alleged that "the disease is very difficult to diagnose."

The population of Serrana lives in an atmosphere of great apprehension. The death of five victims due to purpuric fever in just a month, in addition to a little girl who died of another disease, points to the doubling of the child mortality rate in the city over a period of a year. In Guariba, a neighboring city, there was an outbreak of conjunctivitis which was much more widespread and which happened during the same time but there were no deaths. Ribeirao Preto--State Agency.

Mysterious Promissao Disease

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Luiz Carlos Lopes]

[Text] "Promissao Disease." Following the first symptoms of conjunctivitis, there are hemorrhagic spots on the skin, always accompanied by high fever. Death comes in less than 24 hours; this is how ten children died between October 1983 and February 1985, most of them after December 1984. The population of Promissao, in the Mid-Northwest, panicked but doctors did not manage to diagnose the disease. Purpuric fever was identified only thereafter. Marilia--State Agency.

Dengue Attacks Nova Iguacu

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Sergio Adeodato]

[Text] High fever, headaches, itching, nausea, vomiting, physical weakness, and depression for 10 days. In the beginning, in March, this was a "mysterious" disease which was spreading through the residential sections of Nova Iguacu. But today it has already hit 400,000 persons and it can contaminate a million. Could it be that Aedes aegypti, the carrier of yellow fever, which was wiped out in 1907 by Oswaldo Cruz, has returned? It took a whole month for public health authorities to suspect that this was the disease that was transmitted by that insect and that had been encountered again in Rio in 1977.

The spread of the disease could have been worse if a former student of the National Public Health School had not reported, to the Health Secretariat, the existence of "strange symptoms" in people living on her street, in the Prata section in Nova Iguacu. There, oddly enough, everybody blamed possible dumping by the Bayer insecticide factory. The people were accustomed to living with mosquitos and, when the epidemiological surveillance team arrived there, nobody bothered to think about them. "It was suspected that this disease was only typhoid fever," said Eduardo Costa, the government advisor for health matters.

The disease was still a big mystery when another team visited the section and found that, out of 300 persons on the first street, 150 had already come down with the disease. According to Eduardo Costa, it then became clear "that this was a new disease which hits all age groups and which spreads quickly." Blood samples taken from contaminated persons were sent to FIOCRUZ (Oswaldo Cruz Foundation Institute) and the report came back 2 days later. It was announced by Health Minister Roberto Santos during a visit to Nova Iguacu: "It is dengue and it is of the benign type; it is transmitted by Aedes aegypti. The people can rest easy."

While SUCAM and the State Health Secretariat figured out how to get the necessary manpower, machinery, and insecticides to combat the mosquitos, the population waited and continues to wait calmly but the people keep saying: "If the mosquito had bitten anybody in Copacabana or Ipanema, they would already have done something." This remark was made by Lucia Souto, president of the Nova Iguacu Resident Association Federation.

Nova Iguacu is a township with a population of more than 1 million and 200,000 live in high-risk areas with the greatest concentration of foci. Cut by the Dutra Highway, it contains a large number of drunks and junkmen--an ideal environment for the reproduction of the mosquitos. Entire streets have already been contaminated in the California section, near the headquarters of SUCAM. And anybody who does not yet have the disease still has symptoms of dengue.

Nilma Pereira dos Santos has always lived in a modest house, next to an open field with lots of garbage and much stagnant water. She has had dengue for the past 18 days and her entire family (she has a 12-year-old daughter and a 23-year-old son) has already been infected. The fever and the nausea passed but there was an aftereffect which the doctors cannot explain: paralysis on the entire right side of the body. She reported that SUCAM had passed through, ordering that the water in the potted plants be thrown away and recommending that she "pray." Her neighbors Alcidia Correa and Joaquina dos Santos Soares also had the disease and were bedridden for 7 days with severe pains in the legs.

At Nova Iguacu SUCAM, director Raul Paes deplored the political interests that are involved in this dengue epidemic and criticized the government's lack of concern for a clean city. He reported that the application of 3,000 liters of insecticide by means of spraying machines has already resulted in a reduction of the rate in the Monte Libano section; the number of contaminated persons dropped from 2,865 to only 84.

There is very little the people can do to fight the mosquitos; all they can do is prevent the accumulation of stagnant water. Contamination is simply a matter of time. "The authorities could do much but without resources they do very little," said Antonio Carlos Rodopiano, director of the Yellow Fever Department of SUCAM. According to him, health surveillance is bankrupt: SUCAM asked the Health Ministry for 340 million cruzeiros and only got 40 million cruzeiros to fight the mosquito.

Aedes aegypti enters along the Dutra corridor and reaches Sao Paulo. "It reached Rio probably also along Dutra," said Eduardo Costa. There are three assumptions: the dengue virus was brought in by some inhabitants from Roraima (20,000 persons were stricken in Boa Vista in 1982) or by workers in a circus that came from Amazonia and opened in Nova Iguacu, or, finally, "most probably, it came in with the truck drivers who went on strike in January and tied up thousands of trucks for a week on Dutra Highway," observed Eduardo Costa. There are about 40,000 trucks per day on the first 30 kilometers of the highway near Rio and they come from various parts of the country.

According to Joaquim de Castro, director of the Endemic Disease Control Department of SUCAM, 14 states have already been infested by the mosquito and living with the benign virus can cause the appearance of the type II virus (hemorrhagic dengue, which is fatal in most cases). The only solution is to combat the infected mosquito (which keeps the virus throughout its entire life time of 45 days) as well as the larvae, thus preventing the development of insects that can become contaminated and thus transmit the virus. Here is a problem: the mosquitos already resist organoflorated insecticides. The answer is to apply organochlorinated insecticides which are more expensive. But the technicians do not yet know by when this poison takes effect. Rio--State Agency.

Minister Fingers Guilty Parties

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Anamarcia Seraphim]

[Text] There is a lack of political decision-making, of priorities, and of allocations for the social area. These are the main reasons that were given by present-day health authorities for the recrudescence of various endemic diseases, such as dengue, yellow fever, malaria, leishmaniasis, and others of lesser proportions, which should have been wiped from national territory a long time ago.

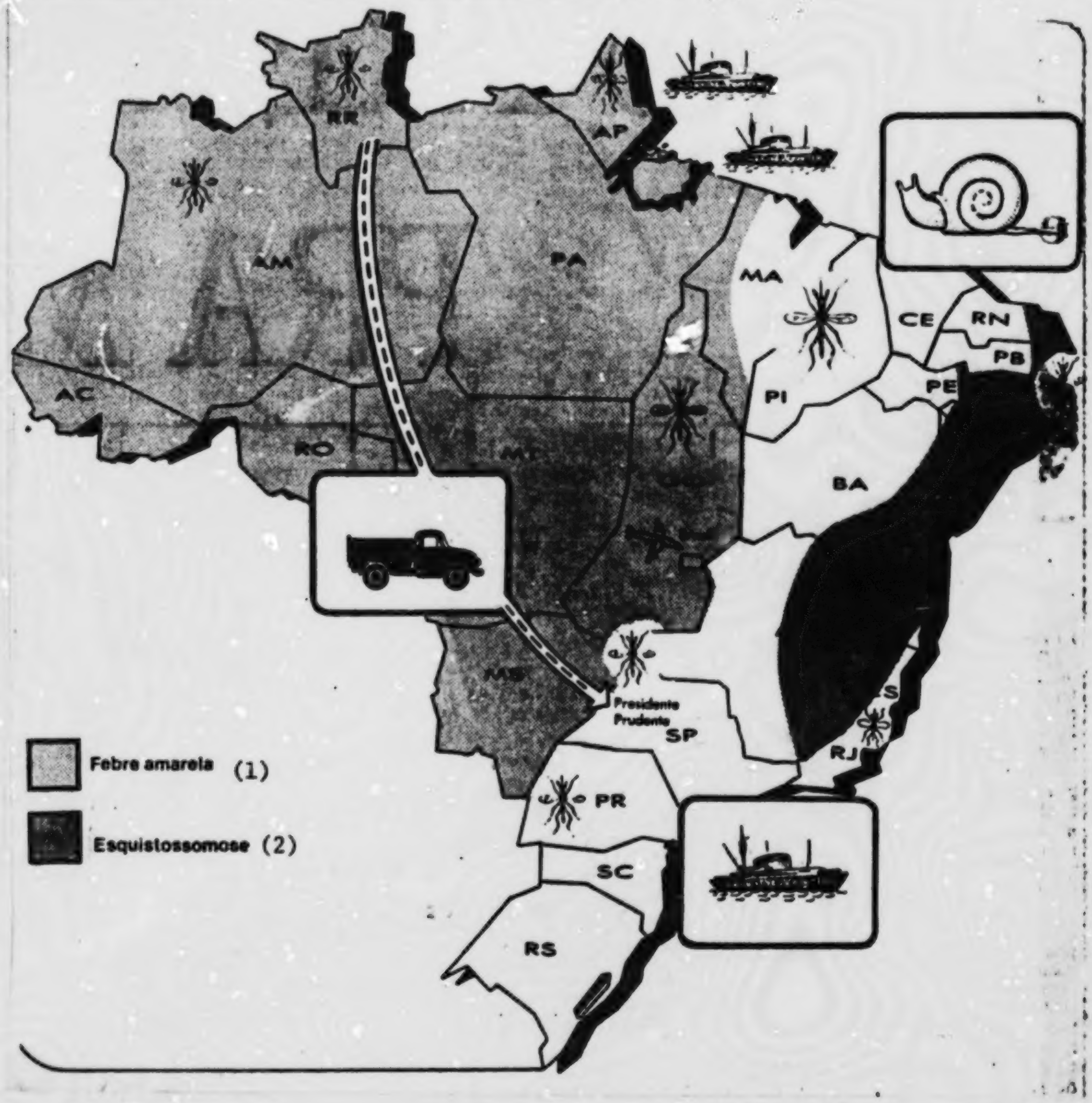
Health Minister Roberto Santos said that "We are paying for the mistakes of the economic policy adopted by earlier administrations." SUCAM Superintendent Joselio Fernandez Branco admitted that "We are losing the battle against the big endemic diseases because the so greatly desired social priority is only now being discussed." He suggests a crash program in public health, like the decree in the economic area. Health expert Sergio Arouca, president of FIOCRUZ, admitted that "We are facing the current health situation because earlier administrations preferred pretty words and forgot that biology has a very special dynamics of its own and cannot forever wait for government allocations."

Health expert Jose Fiuza, a former superintendent of SUCAM, was expecting the outbreak of dengue that hit Nova Iguacu and that can spread throughout the country. He has been alerting the government to this possibility and to the risk of the return of yellow fever to urban areas ever since 1982; according to him, "this is the worst thing that can happen to a country." Just 4 years ago, former Minister Waldyr Arcoverde, in response to a request from Fiuza, asked for $30 million from SEPLAN [Secretariat of Planning] in an effort to wipe out Aedes aegypti, the agent that transmits dengue and yellow fever, as part of a program that would run until 1987. But nobody ever listened because of the lack of social sensitivity that prevailed in the economic area. "Now the result is here for us to see," said the former SUCAM superintendent, warning that the intensive effort to fight Aedes should have been started in 1976, at the time of the first reinfestation by that mosquito.

Fiuza likewise does not believe very much in current talk about priorities for the social area. Now, as in the past--he observes--funds appear only when there are epidemic outbreaks and pre-disaster situations of large proportions, such as in the case of dengue, in Rio de Janeiro, along with a shortage of serum for use against bites by poisonous snakes. He admitted that the trend in the dengue epidemic in Nova Iguacu is about to involve thousands of cases due to the mosquito's fast reproduction. He concluded that "the failure of Brazilian public health hinders the prevention of problems such as this one."

Working currently as a public health professor at the University of Brasilia, Fiuza warned that the probability of a resurgence of yellow fever in the country exists so long as Aedes aegypti exists. And he admits that it can be eliminated only in long-range terms. He warned that, just as dengue in Nova Iguacu was imported, the same thing can happen in the case of urban yellow fever if public health continues to be the stepchild. "Vulnerability and risk continued to exist," he emphasized. Brasilia--State Agency.

Key: (1) Yellow Fever; (2) Schistosomiasis; RR--Roraima; AM--Amazonia; AP--Amapa; PA--Para; MA--Maranhao; CE--Ceara; RN--Rio Grande do Norte; PB--Paraiba; PI--Piaui; PE--Pernambuco; AC--Acre; RO--Rondonia; MT--North Mato Grosso; GO--Goias; BA--Bahia; AL--Alagoas; SE--Sergipe; MS--South Mato Gross; MG--Minas Gerais; SP--Sao Paulo; ES--Espirito Santo; RJ--Rio de Janeiro; PR--Parana; SC--Santa Catarina; RS--Rio Grande do Sul.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DISCOVERY OF NEW TREATMENT FOR LYMPH CANCER REPORTED

Toronto THE GLOBE AND MAIL in English 24 May 86 p C10

[Article by Caitlin Kelly]

[Text]

Two cancer researchers in Vancouver have created a new treatment for a type of large-cell lymph cancer that cures twice as many patients, is quicker, less toxic and costs half as much as current drug therapy.

About 3,000 Canadians a year suffer from large-cell lymphoma and 40 per cent of them have a type known as non-Hodgkin's lymphoma.

The 1,200 people who suffer the disease each year usually discover their illness so late that surgery is impossible and drug and radiation therapy is the only answer, said Dr. Joseph Connors, an associate clinical professor at the University of British Columbia, staff oncologist with the British Columbia Cancer Control Agency and co-inventor of the new treatment.

The new treatment, which costs $3,000 and is given in a combination of tablets and once-weekly intravenous injections over 12 weeks, uses a combination of six anti-cancer drugs.

"If they don't die (while being treated with this method), patients will never die of this particular kind of lymphoma," Dr. Connors said. "After two years we're confident (the cancer) won't return."

Current therapy uses a combination of eight drugs, costs $7,000 and is administered over 12 months, he said.

The current cure rate is 30 per cent but the new treatment — named MACOP-B, an acronym for the drugs used — has a cure rate as high as 70 per cent, Dr. Connors said.

Dr. Connors and co-inventor Dr. Paul Klimo, who is also associate clinical professor at UBC and a staff oncologist with the B.C. agency, began their work in 1981.

They studied 150 patients between the age of 21 and 74, two-thirds of whom were male. The average age was 54.

"We used the same drugs (as are being used conventionally) but in a different way," Dr. Connors said.

"People doubted that you can give these drugs more frequently (than is currently the practice) without running into trouble, so we lowered the doses and gave them more often," he said.

"We knew the drugs worked and we were dissatisfied with having 70 per cent of our patients die," Dr. Connors said.

Patients who develop this form of cancer, which appears as a lump virtually anywhere in the body, usually die within two years, he said.

Patients who survive beyond two years are considered cured, he added.

The drugs used in conventional therapy are so strong that they, not the cancer, kill 3 to 4 per cent of patients using them, Dr. Connors said.

The new therapy is slightly less toxic and kills 2 to 3 per cent of those who try it, he said.

Anti-cancer drugs are generally damaging to other parts of a patient's body, but those used to treat large-cell non-Hodgkin's lymphoma are even more toxic because they have to kill the cancer and not merely prevent its recurrence after surgery as with other forms of cancer, Dr. Connors said.

The most severe side effect is mucositis, severe soreness in the lining of the mouth. Other side effects include reduced immunity to infection and a blistering on the palms of the hands and soles of the feet, Dr. Connors said.

The new therapy, which was recently presented to 700 oncologists meeting in Los Angeles, is being tested in a study that began four months ago in the United States.

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CSO: 5420/73

CANCER DEATH RATE SIMILAR TO U.S. STATISTICS

Ottawa THE CITIZEN in English 12 May 86 p A3

[Text]

TORONTO (CP) — Canada's dream of beating cancer seems to be going up in smoke.

The death rate of the disease is higher now than it was 30 years ago, statistics show, but that's mainly because of the sharp increase in lung cancer in both men and women.

"The rising number of deaths from lung cancer is swamping our progress against some other cancers," said Dr. Peter Scholefield, executive director of the National Cancer Institute of Canada.

He said the picture is as gloomy in Canada as one reported last week in the U.S., where the over-all cancer death rate has increased by eight per cent, even after the increasing age of the population is taken into account.

Published in the New England Journal of Medicine, the U.S. report notes that the age-adjusted death rate from cancer since 1950 has risen to 185 from 170 per 100,000 population.

The statistics in Canada are similar, Scholefield said, agreeing with the report's conclusion that prevention is the main hope of lowering the death rate.

Smoking is one of the few proven, preventable causes of cancer, causing eight of every 10 cases of lung cancer, Scholefield said. On average, patients with lung cancer live only 100 days after diagnosis of their disease.

Statistics indicate 8,200 men and 2,600 women will die of lung cancer this year. Lung cancer deaths account for one-third of all cancer deaths in Canada among men and nearly one-sixth of cancer deaths among women.

Although many Canadians have quit smoking, deaths from lung cancer won't immediately drop by an equal number, officials said.

Some former smokers will escape cancer they would have had if they kept on smoking, but others won't because they already harbor cells primed for cancer.

There has been little progress in the treatment of lung cancer. And there has been little improvement in the last 50 years in survival rates of people with two other major cancers — of the colon and breast — although the lives of those patients have been prolonged.

But there has been an enormous improvement in the treatment of some less common cancers, such as testicular cancers and so-called blood cancers — leukemias and lymphomas — in the young. In 1963, Hodgkins Disease, a lymphoma, was incurable but now more than half the patients are cured with a combination of drugs.

Deaths from stomach cancer have gone down 50 per cent, but diet rather than doctors may be the reason.

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CSO: 5420/71

AIDS PROBLEMS, PROPOSED MEASURES DISCUSSED

Commons Spending Proposal

Ottawa THE CITIZEN in English 9 May 86 p A3

[Text]

The federal government should step up its financial commitment to the fight against AIDS and fund a wider range of AIDS-related projects, the Commons health committee said Thursday.

In a report tabled in the House, the all-party committee suggested additional spending of $12.25 million this year and $10.9 million each year in the future.

That's considerably more than announced last week by Health Minister Jake Epp, who said he was prepared to spend an extra $7 million on AIDS this year and an extra $8 million in each of the next four years.

AIDS, short for acquired immunodeficiency syndrome, is a fatal condition caused by a virus that disables the body's natural ability to fight disease.

About 545 cases of AIDS have been reported in Canada since the first reports came in about five years ago. Of that total, 268 patients have already died.

The virus is most readily transmitted by sexual contact. Roughly four of every five Canadian victims have been homosexual or bisexual males.

The committee has been talking to the country's leading experts on AIDS for months and came up with 23 proposals for federal action.

Epp touched on many of the same areas in his announcement last week, but the committee's proposals were in some cases more specific and involved more spending.

It recommended, for example, that more emphasis be placed on laboratories capable of growing the AIDS virus.

The committee eventually suggested that four labs be funded this year at a total first-year cost of $2 million. Epp has set aside $700,000 for lab expenses this year.

Other recommendations in the committee's report included:

- More information on coping with AIDS should be available to patients and their families and friends.

- The Palliative Care Foundation of Canada should be given funds to do a survey of facilities for AIDS patients, and hospices for patients should receive federal financial support.

- The federal government should help establish a National AIDS Foundation that would raise funds for AIDS support groups and help them in their work.

- AIDS should be a reportable disease in all provinces so that public health officials are sure they have reliable and up-to-date information. Presumably, reports would be subject to the usual requirements of confidentiality.

Tracing of Partners

Ottawa THE CITIZEN in English 9 May 86 p C1

[Article by Janice Middleton]

[Text]

The Ottawa-Carleton health unit intends to become more aggressive in tracing the sexual partners of AIDS victims, its associate medical officer of health said Thursday.

Ian Gemmill said since there are no solid leads to a cure, victims, their doctors and health authorities must inform potential AIDS carriers to prevent the spread of the disease.

"I've been thinking about this for several months and I hope we'll be doing this within the next few weeks," Gemmill said in an interview after a 90-minute seminar on AIDS at Civic Hospital.

The method of contact reporting would be as it is in cases of venereal disease, strictly confidential. But, unlike syphilis and gonorrhea victims, for whom reporting of sex partners is mandatory, all AIDS cases, including those carrying the AIDS antibody but who are not themselves afflicted, would be asked to voluntarily contact their partners or ask their doctor to do it.

"If that's not practical then we will offer to do it for them," Gemmill said.

Tracing contacts and informing them they may be at risk is an important route to controlling the spread of the disease. "They can then take precautions against infecting others," Gemmill said.

He said there seems to be a plateau in the number of AIDS cases in New York City that could be a signal the disease is levelling off. From this news, doctors believe the disease may be brought under control through preventative methods.

In Canada, the number of reported AIDS cases is now 545, of whom 80 per cent are homosexual men, Gemmill said.

In Ottawa, 20 cases have been diagnosed, including 17 homosexual males.

Gemmill said "it appears that the at-risk population are taking measures to protect themselves. If we cover all the bases the disease could probably fall to much lower levels."

However, there is still a danger that the disease is being spread through the heterosexual population by prostitutes.

"If that's the case it would be quite a different situation — difficult to combat."

Members of an Ottawa AIDS support group, who attended Gemmill's lecture, were not enthusiastic about contact tracing.

It won't work until the public accepts homosexuality as an "acceptable alternate lifestyle," said one member, Gregory Harshman.

"What you're asking for here is the moon and the stars. How strong do you think we are? We're just ordinary people. Until you can show that AIDS victims will not be ostracized but supported, gays will not go in for testing. Why would they? It means ruination."

Arrest of Prostitute

Toronto THE SUNDAY STAR in English 11 May 86 p A2

[Text]

OTTAWA (CP) — The arrest of a prostitute carrying AIDS antibodies has prompted Ottawa's regional health unit to warn men who've bought sex in the past few weeks to get a medical examination.

The woman, who has not been named, told police she has had sex with hundreds of men over the last several weeks to finance a cocaine habit. She was arrested early Friday and charged with soliciting.

Ottawa police Inspector Peter Hudz said yesterday the woman, 20, has been confirmed as a carrier of AIDS antibodies.

Cause for concern

"For the people who have had sexual encounters in that area (the Ottawa market, frequented by prostitutes) over the past few weeks, it's something to be concerned about," said regional medical health officer Dr. Stephen Corber.

"If I was a male who (had sex with a prostitute without using a condom) I would want to be tested."

Use of a condom dramatically reduces the chance of having the deadly disease transmitted.

The woman does not have AIDS (acquired immune deficiency syndrome), a usually fatal disease. But health officials say the presence of AIDS antibodies in her system means the woman has come in contact with the virus.

There is a good chance she could have passed the virus on to some unsuspecting customers, they said. Customers in turn could develop the disease or pass it on to other sexual partners.

Dr. Ian Gemmill, associate medical health officer, said most people who have the antibodies are definite AIDS carriers.

Second diagnosis

"If someone tests antibody positive, because of the serious nature of the disease, we have to consider them infectious," Gemmill said. "This is a special case which really reinforces the message, which is be careful about sexual contacts."

AIDS is most commonly spread through intercourse among homosexuals, the sharing of intravenous needles and blood transfusions. But experts both here and in the U.S. are worried by growing evidence it can be spread from women to men, and vice-versa, through normal sexual intercourse.

The Ottawa woman is believed to be only the second Canadian prostitute diagnosed as AIDS-infected. The first case, reported in January, involved a 14-year-old Vancouver girl who ran away from home and became a drug-addicted prostitute.

Prostitute To Stand Trial

Ottawa THE CITIZEN in English 14 May 86 p C4

[Text] The 20-year-old Byward market prostitute who says she's an AIDS carrier is to stand trial July 14 in provincial court for prostitution.

Donna Jean Newman was released from custody Monday on eight conditions after Ottawa police arrested her Friday for soliciting. Among the conditions she must heed is an order issued under the province's Health Protection and Promotion Act that says she must conduct herself "in such a manner as not to expose another person to infection."

Although she does not have AIDS, the presence of AIDS antibodies in her system means she has come into contact with the virus. Health officials says there is a good chance she could have passed the virus on to unsuspecting customers.

Newman said in an interview she has known she was an AIDS carrier for at least four weeks, but insists most of her clients won't contract the disease because they used condoms.

Actors' Concern

Ottawa THE CITIZEN in English 12 May 86 p A17

[Article by Christopher Harris]

[Text]

A noisy stir swept Hollywood last October when the Screen Actors' Guild in the United States called on producers to allow its 58,000 members to refuse "open-mouth" kissing scenes where performers had fear of contracting AIDS.

The move was part of an abrupt and widespread reaction in the entertainment world to the death of movie star Rock Hudson last fall, the first major public figure to die from acquired immunodeficiency syndrome.

In Canada, when the 8,400-member Alliance of Canadian Cinema, Television and Radio Artists (ACTRA) adopted a related policy, it passed almost unnoticed.

Behind the scenes, though, the policy is already having an effect on contract negotiations, says Ray Stringer, national executive director of the alliance's performers section.

Yet it has received only a very guarded response from the Canadian Film and Television Association, which represents Canada's independent TV and movie producers.

Stringer believes the ACTRA policy is a "more informed" and broad-minded response to the AIDS issue than that of the Screen Actors' Guild. ACTRA's policy would require producers to protect performers from contracting any communicable disease on the set, and would permit a performer to turn down work without penalty when he or she has a reasonable fear of contracting a communicable disease.

Stringer admits fear of AIDS is at the root of the policy, but adds it is much easier for actors to contract other, more common illnesses and that the policy aims to address the broader problem in a profession where intimate contact is common.

AIDS itself is caused by a virus which renders the body's immune system helpless to fight off other, fatal diseases. Although no cure has been found, the disease is very difficult to transmit. It is most common among homosexuals.

"There is a general fear of AIDS in the acting community, and the alliance felt the need to assuage some of those fears. I do not subscribe to the myth that our industry has a higher proportion of homosexuals than any other part of the population, but there is a sensitivity in the industry now in light of Rock Hudson's death."

Soon after the policy was adopted, ACTRA finished negotiations for performers in commercials, and included a communicable diseases clause — ironically, in an area with little intimate contact.

But talks are now under way for a new collective agreement with the Canadian Film and Television Association (CFTA), with a communicable diseases clause among the subjects on the bargaining table. The current contract expires on Dec. 31.

Although Stringer says the producers have been very co-operative so far, Sam Jephcott, CFTA's executive director, is wary of the proposal.

"The producers wholeheartedly support the need to address the issue, but it involves so many problems that we simply don't know how to go about it."

He says ACTRA's policy tries to make producers alone responsible for the well-being of every person on the set.

"And if that's the case," he says, "we would have to have a doctor on the set every morning to examine the actors, and we would have to have actors sign affidavits declaring they are perfectly healthy — otherwise no producer would be able to get liability insurance."

A main concern of CFTA is that if producers are made responsible, they could be sued by any performer who contracts a disease on the set, says Jephcott — from AIDS to laryngitis.

He adds that if producers are required to have a healthy cast, they would also have to control what the performers do after hours, with obvious infringements of their basic human rights. And some producers might simply refuse to hire homosexuals and members of other groups with a high risk of getting AIDS.

ACTRA's approach is too broad, he says, and should confine itself to areas like open-mouth kissing or simulated sex.

Stringer agrees that enforcing communicable disease clauses would be difficult, if not impossible. The main aim of ACTRA's policy, he says, is to heighten awareness of the dangers of disease that performers face on the job.

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CSO: 5420/71

AIDS MEASURES, PROBLEMS, INCIDENCE DISCUSSED

Research Among Prostitutes

Vancouver THE SUN in English 10 May 86 p A3

[Text]

Vancouver hookers will soon be part of an international study of how prevalent the AIDS virus is in North American prostitutes.

In the next few months research teams in Vancouver, Montreal, Toronto, Edmonton and Calgary will begin taking blood samples from a cross section of prostitutes to test for acquired immune deficiency syndrome antibodies.

The research project is being coordinated by Ottawa's Laboratory Centre for Disease Control in cooperation with the U.S. Centers for Disease Control in Atlanta.

"We will be looking for the prevalence of the AIDS virus and any risk factors such as IV (intravenous) drug abuse and specific sexual practices among rostitutes that may predispose them to AIDS," Kim Elmslie, health studies officer for the laboratory, said from Ottawa.

University of B.C. epidemiologist Dr. Rick Mathias, the B.C. member of the National Advisory Committee on AIDS, will head the Vancouver study.

Vancouver Incidence

Vancouver THE SUN in English 13 May 86 p F7

[Article by Ben Parfitt]

[Text]

Hugh Wheaton sits quietly in his chair listening attentively to the speaker. Every once in a while the 47-year-old Vancouver man raises his hand to ask a question.

He's got a lot on his mind.

"Of course most people my age don't want to think about death but I have to," he says.

Wheaton is not alone.

Of the 130 Vancouver residents diagnosed as having AIDS, 62 have died. For the others, legal matters must be attended to now.

That was the idea behind AIDS and Legal Considerations, a seminar held Monday night at Gordon Neighborhood House in Vancouver.

Two Vancouver lawyers told the audience it is important for victims of acquired immune deficiency syndrome to carefully plan wills and to give someone power of attorney.

This is particularly true, they said, for gay couples whose families may be opposed to their lifestyles.

"The degree of hostility I found just outrageous," Chris Sabean, a legal adviser for AIDS Vancouver, said of some family members who have contested the wills of deceased gay sons.

Sabean said gay couples can live together for years, but an improperly drawn up will may mean that all assets end up going to "Great Aunt Matilda

living in Timbuktu that you've never heard of before."

To alleviate worries about who would look after matters when death draws near, lawyer Gillian Andrew suggested AIDS victims might think about naming power of attorney.

The simple legal procedure allows anyone to appoint someone to act on their behalf when they become ill or mentally incompetent.

But Andrew said it is important to appoint a trustworthy person.

Andrew, a lawyer with Vancouver Community Legal Assistance, urged audience members to be aggressive in seeking whatever government financial assistance was due them.

"There are very interesting provisions in the (Welfare) Act that the administrators don't like to tell you about," she said.

Ottawa Prostitute

Ottawa THE CITIZEN in English 27 May 86 p B2

[Article by Dennis Foley and Elizabeth Holland]

[Text]

An Ottawa prostitute considered to be an AIDS carrier was released from jail Monday after she was arrested on charges of violating earlier release conditions.

Donna Jean Newman, 20, was arrested early Monday and charged with three counts of breaching the conditions of her bail on a soliciting charge.

At a hearing later in the day, Justice of the Peace Lynn Coulter ruled the violations were not sufficient to put Newman in custody.

A publication ban was imposed on evidence at the hearing.

The breaches included failure to report to police on one occasion, failure to reside at a specified address and failure to take drug and alcohol treatment at Royal Ottawa Hospital.

Newman, who told police she had been exposed to the AIDS virus when they arrested her several weeks ago, was released from custody May 12 provided she honor eight conditions, including one ordering her to avoid behavior that could expose others to communicable disease.

Ottawa police Insp. Peter Hudz said a warrant for her arrest was issued Friday when police suspected she violated a number of the conditions, which he wouldn't detail.

He said the woman was arrested about 1 a.m. Monday inside an apartment in the Bell Street area.

Newman told *The Citizen* in an interview Monday that police were harassing her when they picked her up at the apartment.

She admitted breaching her parole by not going to the Royal Ottawa Hospital, but said she has quit drugs and working as a prostitute.

"I'm abstaining completely from sex, I'm not working and not doing anything wrong," said Newman. "This is enough to make me hide from the world."

She also breached a condition of her bail when she changed her address without notifying police.

But Newman said her ex-boyfriend, the legal tenant of the Bell Street apartment where she was ordered to reside, had kicked her out.

She later was served with a trespassing notice by the building's superintendent at the request of her ex-boyfriend and banned from the premises.

Newman is now staying with a friend, but says she has to move out soon. She says she will wait until the whole controversy blows over and then head for Toronto.

"I'm afraid to stay in Ottawa. The public is so ignorant and paranoid about AIDS.

"I run into old friends now and they jump 10 feet. I'm afraid someone is going to come after me. There are a lot of crazy people out there."

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VACCINE TO PREVENT BACTERIAL DISEASE IN CHILDREN AVAILABLE

Toronto THE TORONTO STAR in English 29 May 86 p H17

[Article by Marilyn Dunlop]

[Text] A new vaccine to prevent a potentially fatal bacterial disease in children is now available in Canada.

The bacteria, which can cause inflammation of the brain or of tissue in the throat, closing up a child's airway, is estimated to infect some 1,000 children aged 2 to 5 in Canada each year, killing 50 to 100 of them.

Dr. Victor Marchessault, of Ottawa, executive vice-president of the Canadian Pediatric Society, told a Toronto news conference yesterday his society and the Canadian national advisory committee on immunization recommends the vaccine be given to all children 24 months to age 5. The vaccine is not yet covered by provincial health insurance and costs $12 to $15.

The bacteria can cause haemophilus influenza type b infection (commonly called Hib disease). Marchessault said 1.5 million children aged 2 to 5 in Canada are at risk. In older children and adults it causes no disease but can spread from them to younger children with whom they are in close contact.

Young children don't have built-in protection against the bacteria and if they get into the bloodstream, the disease can be life-threatening. Marchessault said brain inflammation (meningitis) occurs in about 60 per cent of infected children, killing 5 to 10 per cent of them and leaving half of the survivers handicapped. He said 20 per cent of infected children develop throat infection (epiglottitis). It can cause swelling that prevents the child from breathing.

"To give you a time frame within which this can happen, emergency care may be required to prevent death from suffocation within 12 hours or less," he said.

Marchessault said Hib meningitis may seem, at first, like a cold or earache, but other symptoms, including fever, stiff neck, swelling in the soft spot on the top of the head, and arching of the back, develop quickly.

Before age 2, the vaccine is not always effective. In babies, the immune system is not mature enough to produce antibodies against the bacteria. However, Marchessault said children aged 18 months to 23 months who are at high risk, such as children attending day-care centres or prone to infections, might benefit. They would need re-vaccination after age 2.

The vaccine cannot cause infection because it does not contain any virulent part of the bacterium. It is produced with a particle of a capsule that covers the bacterium. Called b-Capsa I, it is manufactured by Praxis Biologics Inc. and distributed in Canada by Mead Johnson, Ottawa. Testing in the U.S. and Finland has shown that fewer than one child in 100 had any side-effects and those that occurred were mild.

Doctors say the vaccine would be more valuable if it could protect babies 6 to 18 months, who are at highest risk of Hib infection. About two thirds of all cases occur in this age group. Dr. William Thorpe, medical director of Mead Johnson, said research is underway to produce a vaccine that will be effective in the first year of life.

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VANCOUVER TESTING UNDERWAY AFTER STUDENT FOUND TO HAVE TB

Vancouver THE SUN in English 29 Apr 86 p A3

[Text]

Thirty-one persons who tested positive for tuberculosis after a female student at Vancouver Technical secondary school became ill with the disease will be called back for further tests, a city health department official said Monday.

Dr. Ted McLean, who is responsible for communicable disease control in the city, said the 31 persons will be recalled to find out why their TB skin tests showed positive — even though it does not necessarily mean they have the disease.

He said 530 people were originally given skin tests after the student became sick, and 79 were recalled for X-rays.

"All the X-rays were negative but we still have to deal with the positive skin tests," McLean said.

He said the student who contracted the disease is in hospital and will be under treatment for 12 to 18 months. "She will be in hospital only long enough to get stabilized on the drug treatment," he said.

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MENINGITIS DEATH REPORTED IN SOUTHERN ONTARIO

Toronto THE TORONTO STAR in English 16 May 86 p A7

[Article by Gordon Paul]

[Text]

SIMCOE — The death of a 2-year-old from meningitis has prompted vaccinations of about 55 children and 10 staff members at a Simcoe nursery school/day care centre.

Amanda Vranken died Tuesday at McMaster Medical Centre in Hamilton. The Simcoe girl was diagnosed as having meningo coccal meningitis — a rare disease that spreads quickly through the body.

The child had attended Kids' Place, a nursery school in Simcoe, about 70 kilometres (43 miles) south of Hamilton, since January. It is believed that all 55 children and 10 staff members who were at the nursery school last Friday, Monday or Tuesday are taking vaccinations, Kids' Place director Jackie Smothers said yesterday.

Parents of children who were at school have been given letters signed by Dr. Douglas Kittle, the medical officer of health for Haldimand-Norfolk that states: "Your child has been exposed to a case of meningitis," the letter reads. "The condition is not highly communicable. But preventive treatment may be appropriate."

Meningitis is a disease that inflames the cover of the brain. Medication is to be taken twice daily for two days. Those who were in contact with Vranken do not have to be quarantined.

"I would expect it (meningitis) not to appear with these people," Kittle said. "I'm confident (but) I can't be certain.

"It's not highly contagious. It's not like the measles or chicken pox."

Kittle said statistics show three in 1,000 family members who come in contact with a person with meningitis can expect to contract the disease if they do not take medication.

"Three in 1,000 is not high but it's not low either."

Meningo coccal meningitis "was a scourge" before penicillin was invented in the 1940s. With the advent of effective antibiotics and a more informed public, "the number of cases has decreased markedly," Kittle said.

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AIDS LABORATORY OPENED IN SLOVAKIA

Bratislava NEDELNA PRAVDA in Slovak 7 Mar 86 p 14

[Article by Anton Blazej, academician, Institute of Biotechnology of the Slovak Institute of Technology, Bratislava, and Dr Vlastimil Mayer, doctor of sciences, Virological Institute of the Slovak Academy of Sciences, Bratislava: "Facts and Opinions About AIDS"]

[Excerpts] In the last 5 years much has been written, discussed, in groups and in the communications media abroad about a new virus disease designated as AIDS. Certain fears, and in some cases even certain panic, which has been manifested in the United States, but also in some West European countries (France, West Germany, Great Britain, Belgium) and in some countries of Africa, have their echo, even though it is remote, in Czechoslovakia. It is generally understandable that this development, which is recorded in certain regions of the world, could, I believe, cause an excessive reaction among some groups of our citizens.

It is desirable for every citizen traveling in the regions or countries with a higher incidence of cases of the disease to be aware of the possibilities of risk involving AIDS virus infection and to protect not only himself but also his loved ones against this serious infection. It is also necessary to have so much personal discipline and social responsibility so as to avoid sexual promiscuity.

The high level of transfusion technology in Czechoslovakia guarantees that no individual who is sick would donate blood. Introduced tests to prove the presence of AIDS virus antibodies in donated blood have even increased this guarantee. A similar situation exists with respect to the question of blood derivatives, which are used in the treatment of citizens suffering from blood clotting disorders.

A well-functioning system of organization and management in the health industry, in personal hygiene, and in the antiepidemic sector in Czechoslovakia constitutes a real prerequisite for the taking of effective measures. One of these was also the establishment of a national reference laboratory for AIDS by the Ministry of Health of the Slovak Socialist Republic in January 1984. The laboratory operates within the framework of a joint scientific work site for virus diseases (of the Virological Institute of the Slovak Academy of

Sciences, the Central National Administration of the City of Bratislava, and the Medical Faculty of Comenius University), which was established at the Clinic for Infectious and Parasitic Diseases named for Academician L. Derer. The activities at the joint work site are in conjunction with efforts to connect the strengths of work sites of the academy of sciences with activities at the ministerial level.

It was thus possible to obtain timely experiences, not only with respect to methodology, but also with respect to concrete results from a broadly instituted following of selected risk groups. Furthermore, the laboratory turned over its methodological findings and even a sample of a diagnostic reference serum to workers of the Research Institute of Preventive Medicine, who recently also began to take an interest in questions connected with AIDS. The reference laboratory is developing activities on a priority basis also within the framework of postgraduate training of physicians. It is a consultation center and develops activities even in the area of cooperation with the Institute of Health Education. The focal point of the work engaged in by the reference laboratory is, however, apart from definitively establishing a virological diagnosis in cases of illness suspected to be AIDS, the following of directions in development with respect to research concentrating on the illness throughout the world, in evaluating methods for treating it, and in developing scientific dialogue and cooperation with world AIDS research centers.

The Czechoslovak health industry has a high level and effective methods of management. It is equipped with highly qualified cadres. Medical and biological research has great intellectual potential. Therefore, all prerequisites exist for us to be able to minimize the possible risks of this modern disease. However, it is not only a question of the health industry. Much depends on how our citizens--particularly the at-risk category of the population--will be informed, will be morally and socially so mature that it will be aware of the seriousness of the real risk of transmission of this disease. Social responsibility, high humanitarian feelings, and coresponsibility must be an impetus for respecting all preventive measures. This is in the interest and to the benefit of every individual, in the interest and to the benefit of our loved ones, but also in the interest and to the benefit of society.

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CSO: 5400/3019

AIDS TESTING CENTERS FOR ALL REGIONS

Accra PEOPLE'S DAILY GRAPHIC in English 5 May 86 p 5

[Text]

THE government will soon set up Acquired Immune Deficiency Syndrome (AIDS) centres in all the regions in addition to the one in Accra to carry out blood tests on suspected patients.

The government has ordered enough equipment which is expected to arrive in the country in about a month's time to enable the centres to operate efficiently.

This was announced by Dr A. R. Neequaye, chairman of the committee on AIDS, at a symposium organised by the Manya and Kaoga Districts Association of National Service Personnel to commemorate "May Day".

He was speaking on the topic "Acquired Immune Deficiency Syndrome, Which Way Now."

Dr Neequaye said so far, the disease has been detected on four Ghanaians whose movement is being closely watched and therefore there is no cause for alarm, he added.

Asked whether his committee has been able to locate those Ghanaians who were reported to have been deported from West Germany and other European countries and who might have contracted the AIDS disease, Dr Neequaye replied in the negative and appealed to all such persons to present themselves for a check-up.

He advised Ghanaians to watch their sexual habits in order to stay clear of the disease.

Mr Akrasi Sarpong, a Secretary at the PNDC Secretariat, who spoke on the topic. "The Role of the Youth in the On-going Process" called on the nation's youth to learn the culture of democracy which is the only way to sustain their continued participation in the revolution.

He called on the youth not to lose touch of the historical, political, social and economic background of their country because this would help them to understand the need for overhauling the old system.

In his opening address, the president of the district association, Mr K. Mensah, said the symposium was organised to make youth in the area more nationalistic to contribute positively to the success of the revolution.

He announced that his association had started a piggery project at Asesewa and appealed to individuals and organisations to come to their aid. — GNA

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CSO: 5400/129

BRIEFS

FIRST AIDS DEATH REPORTED--Elsewhere in THE GRAPHIC is a story filed by Salome Donkoh from Koforidua concerning the death of a 30-year old AIDS victim, Yaa Amponsah, at the Koforidua central hospital last Friday [23 May], Her case is the first reported AIDS death in the country. The woman, who comes from Apedwa in the eastern region, is said to have returned to Ghana last year from Abidjan. [From the press review] [Excerpts] [Accra Domestic Service in English 1300 GMT 29 May 86 AB] /8918

CSO: 5400/126

BRIEFS

REGIONAL HEALTH UNIT--A regional Health Management Committee was Thursday set up in Region Six to run the Ministry of Health in East Berbice/Corentyne. The appointment of the 13-member committee was announced by Health Minister Dr. Richard Van West-Charles when he addressed regional and other officials in New Amsterdam. Heading the committee is Regional Health Officer, Dr. S. Slorendo. Some of the other members are New Amsterdam Hospital Medical Superintendent, Dr. Gladstone Mitchell, Regional Executive Officer, Basil Benn, and convenor of the Regional Democratic Council Health Committee, Councillor Kalimootoo Ganesh. Cde. Van West-Charles said health workers would start receiving their salaries in the Region from May, and that drugs and other medical supplies will be posted to the Region in bulk for the committee to distribute to hospitals and health centres. [Excerpt] [Georgetown GUYANA CHRONICLE in English 5 Apr 86 p 3]/12828

CSO: 5440/84

PAPERS REPORT ON, DISCUSS SUSPECTED AIDS CASES

Found in Female Prostitutes

Calcutta THE TELEGRAPH in English 4 May 86 p 7

[Article by Anita Pratap]

[Text]

Apprehension spread across the nation when it came to light that six prostitutes in Madras had been identified as suffering from the latest killler disease, AIDS (Acquired Immune Deficiency Syndrome). Hitherto, it was smugly assumed that AIDS was confined to countries like the US, the UK, Haiti and parts of Africa. What is truly a matter of serious concern is that experts say that conditions in the country are such that the disease can easily become an epidemic. One of them has gone so far as to say that AIDS, popularly called the "twentieth century ghetto-disease," can cause the kind of damage in India that diseases like bubonic plague did in medieval Europe.

The credit for detecting the carriers of AIDS should be given to Dr Suniti Solomon, a dedicated and unassuming microbiologist attached to the Madras Medical College. The advent of the disease in India could have gone undetected possibly for some more years if she had not been so systematic and painstaking in her efforts to pursue the target group—homosexuals, drug addicts, prostitutes and patients who have had multiple blood transfusions.

All the six prostitutes, aged 20 to 30 are extremely poor. They had to go to the vigilance homes following their arrest from various brothels in Madras city as they did not have the money to pay the fines and be back in business. Some of the girls are originally from different parts of the state. It is quite certain that no two girls entertained the same customers. On an average, these girls serviced 10 customers a day mostly drawn from very poor sections of society like coolies, labourers and casual workers. They were arrested in October-November 1985. The AIDS test on them was conducted in January this year.

Dr Solomon tested blood samples of 102 prostitutes, 21 homosexuals, 52 patients from the sexually transmitted diseases clinic of the Madras Medical College who were positive to the venereal disease test, 10 haemodialysis patients, 14 foreigners and one drug addict. Of them 11 were found to be positive following the Elisa (enzyme-linked immunosorbent assay) test. Of these, seven were found to be positive to the western blot test confirming the presence of the AIDS virus. Only six cases were found to be positive to all the four antigens of the AIDS virus. The seventh showed positive to only one antigen, the P 24 which, in the US, is sufficient to declare the patient as being a carrier.

One of the questions put to the six women was whether they entertained foreigners, said Dr Solomon. This was to establish whether the AIDS virus came from abroad. It is now certain that the women did not serve any white man. However, it is not possible to rule out blacks as the original carriers. The virus may also have been brought home by labourers and others who have returned from abroad, perhaps the West, West Asia or Africa.

There are also a large number of repatriates and refugees from Sri Lanka in Tamil Nadu. It is all too possible that the AIDS virus came from Sri Lanka which has a good inflow of foreign tourists. This could explain why AIDS has been detected in Tamil Nadu and that too among the very poor prostitutes.The crime branch of the Tamil Nadu police in a report to the state government a few months ago had distinctly warned about the possibility of AIDS reaching Tamil Nadu through the Sri Lankan refugees and repatriates. The Centre could make a beginning in the battle against AIDS by checking the Sri Lanka refugees, particularly because other states have not reported cases.

Dr Solomon said the blood samples of the six women have been sent to the US for virus culture to determine whether the virus found in the patients is identical to the one found in the western countries.

There was considerable scare in Madras when Dr V. Ramalingaswamy, director general of the Indian Council of Medical Research (ICMR) made the startling disclosure recently that two of the six women had escaped from the vigilance home. It turned out that the two women had been discharged from the home after they had finished serving their time. The test results confirming that they were carriers of AIDS were not known when they were released.

As soon as this was found out a massive search was launched and both were apprehended in Madras itself. All six are now in the vigilance home.

According to Dr Solomon none of them knows of her condition. No outsiders, particularly reporters, are allowed to meet the women as the authorities believe that it would be unfair to invade their privacy. In fact, the superintendent of the home also does not know who the six women are as the doctors have given them code numbers. In fact, the six prostitutes are freely mingling with the 123 other inmates of the home. Realisation has now dawned on the authorities of the possibility of the disease spreading in the home should there be lesbianism among the inmates. Which is why they are thinking of shifting the girls to an isolation hospital that was once used to house small pox patients.

Two of the six prostitutes, now identified as carriers of the virus may also be going in for the disease, said Dr Solomon. In an exclusive interview with **The Telegraph**, the first given to a publication since the discovery, Dr Solomon explained that "T4-T8" 'ratio' tests (that is the ratio of the cells in the immune system that respectively assists and suppresses the production of antibodies) conducted by the ICMR in New Delhi show that there is a slight imbalance in their ratio system suggesting that they may be going in for the disease.

The results of the ratio tests conducted on the other four cases are not yet out. Dr Solomon hastened to add that at present the reversal in the ratio was marginal enough to be termed 'borderline' cases. The ratio which is supposed to be one in normal human beings, has gone down to 0.9 in both these otherwise normal cases, she said. If the ratio continues to decrease only then can it be deduced that the two women have contracted the disease. The ratios of the two women will have to be monitored for at least three months before it can be concluded whether they are stricken with the killer disease or not.

Dr Solomon who is in constant touch with the six patients said that of the six, one has begun to show what can be deemed as initial symptoms of AIDS. The woman has lost weight considerably in the last few months and has complained of loss of appetite and feverishness.

Now that it is known that AIDS has struck India, what precautions can one take to safeguard oneself from the disease? Since it is a sexually transmitted disease, it would be advisable to be prudent about one's sexual proclivities. Going to prostitutes is dangerous.

It has been found in the US that 15 per cent of the AIDS victims whose cases remained unexplained had a history of sexual contact with prostitutes. It is also believed that prostitution has played a crucial role in the spread of AIDS in Africa.

Then again, drug addicts and homosexuals have to be particularly vigilant. They are vulnerable to AIDS as their body resistance is poor. Those requiring blood transfusion should preferably get a sample tested.

Hospital staff all over India have to be drilled on the imperative need for hygiene, particularly when it comes to sterilising needles. Private hospitals should opt more for disposable needles.

The government of India can help by exempting AIDS test kits from import duty. At present 100 per cent duty is levied on the kits for Elisa tests imported from the US.

The kit costs about $600. With duty, the cost of the kit comes to about Rs 15,000. Each kit comes in a compact plastic box, six inches by nine inches and is good enough for a hundred tests.

It is also imperative to issue a directive to customs officials to store these kits in proper conditions. These become defective if they are not stored in refrigerators and test results can go awry.

Beware of blood transfusion

Much more than sexual contact, AIDS can be contracted through blood transfusion where the donor is an unsuspecting victim of AIDS or a silent carrier of the AIDS virus (in the latter case the person will transmit the virus without himself or herself being stricken with the disease). AIDS can also be contracted when a syringe used for an AIDS victim or carrier is used on another individual.

Said the Tamil Nadu health minister, Dr H.V. Hande about the danger of the spread of AIDS through blood transfusion, "In this respect, our country is totally defenceless regarding the threat of AIDS."

At present, not a single hospital or blood bank in the country screens the donor's blood for the AIDS virus before it is made available for transfusion. The patients who are particularly susceptible to AIDS because of the infusion of contaminated blood are those whose ailments require multiple transfusions as for example patients with leukaemia, haemophilia and kidney ailments that require dialysis. Patients who need blood for any reason, be it because of an accident or an operation, are also vulnerable to contracting AIDS if they are given contaminated blood.

What is so disturbing is that not a single government hospital and 99 per cent of the private hospitals in the country do not have the AIDS testing kit for the Elisa test. Even the hospitals that do have this kit are still conducting trial runs and have not begun using it to screen the blood before giving transfusion.

It has been found in the US that the AIDS virus takes at least a year for incubation in the human body (that is before the symptoms of the disease begin to manifest themselves) after it has been sexually transmitted. On the other hand, patients who have contracted AIDS through blood transfusion have been found to have developed the symptoms of the disease in just 43 days. The symptoms include loss of weight, cold, fever, swellings and diarrhoea.

Since all the six carriers identified in Madras are prostitutes, they are bound to have infected the men visiting them. Their clientele was entirely from the poor sections of society. The very sections which keep our blood banks going. It is estimated that 90 per cent of the blood donors in India are professional donors who make their living by donating blood. The chances of the AIDS virus making its way to the blood banks of the country are therefore high. And as the incidence of AIDS has shown in the US the disease grows exponentially. However, it is not feasible to ban paid donations because as it is, blood is in short supply in our hospitals.

Inadequate financial resources and the almost nonexistent sense of hygiene in the country make it easier for AIDS to spread alarmingly. The Elisa test costs Rs 200 per blood sample, making it out of reach for the government general hospitals and a majority of the private clinics and hospitals. In other words, apart from those belonging to the upper class who can insist on an Elisa test before receiving a blood transfusion, the bulk of the Indian patients are in no financial position to make this demand. The Elisa test kits have to be imported from the US.

It is imperative that the Centre embark on an ambitious project of subjecting the blood in government health institutions to the Elisa test. However, a nation-wide screening programme will require enormous resources which the government will be hard put to find.

Another cause for great anxiety is the practice of using syringes repeatedly on different patients without sterilising them. A British nurse died because the needle that she used for an AIDS patient accidentally pricked her. In Indian general hospitals the standards of hygiene are apalling. The same needle is often used on a number of patients in a row. At the recent Kumbh Mela, cholera vaccine was administered to pilgrims by government doctors in an assembly-line operation—a single 50 cc syringe was used for a string of pilgrims without even the barest attempt at sterilisation like dipping the needle in hot water before injecting the next person. Such unhygienic practices are the surest way to spread any infectious disease.

'TN most vigilant state'

"It is not as if AIDS is prevalent only in Tamil Nadu, it is just that it has been detected in this state first," said the Tamil Nadu health minister, Dr H.V. Hande. In an exclusive interview with The Telegraph Dr Hande said that the reason why AIDS was detected first in this state was that the doctors in charge of the screening programme, particularly microbiologist Dr Suniti Solomon, went about collecting blood samples in the most "thorough, systematic and intelligent manner."

The test for AIDS in many other states have registered negative results because they selected blood samples in a random fashion claimed Dr Hande. He said that it took a lot of persistence on the part of the Tamil Nadu doctors to collect the blood because the high risk group were particularly resistant to giving blood for testing.

Inquiries have revealed that Dr Hande is justified in making this claim of Tamil Nadu being ahead of other states in conducting the screening for AIDS. Dr Lalitha Kameshwaran, director of medical education in Tamil Nadu, said that a coincidence of factors contributed to the detection of AIDS in Madras. Dr Suniti Solomon had decided to do her doctoral dissertation on the incidence of AIDS in Tamil Nadu. When in December 1985, the ICMR sent a circular to all states to carry out screening for AIDS, the Tamil Nadu medical authorities decided to utilise Dr Solomon's services for conducting the screening. As a result, she could readily secure the AIDS test kits through the ICMR. A private practitioner or an individual doctor wanting to import AIDS test kits has to do so under the open general licence which requires a considerable amount of paperwork.

Much before the Centre directed the state governments to set up surveillance committees to find out about the incidence of AIDS in December, the Tamil Nadu government had constituted a seven member panel headed by Dr C.S. Lakshminarayanan, director of the microbiology department at the Madras Medical College. The purpose was to study the incidence of AIDS, said Dr Hande. This committee was formed in June, even before the Rock Hudson case hit the headlines the world over, he said.

According to Dr Hande, 90 per cent of the states have not even formed such a committee. The testing for the AIDS virus was done in Trivandrum, Bombay, Calcutta, Delhi, Pune and Vellore. In all these cases, the test results were negative.

Surveillance Project Praised

Madras THE HINDU in English 4 May 86 p 2

[Text] Bombay, 8 May (PTI)--The recent controversy over the reported detection of six AIDS patients in Tamil Nadu has taken a curious turn with the admission by Dr N. C. Bhargava, the Union government's advisor for sexually transmitted diseases (STD), that these patients may not be affected by the dreaded disease.

Dr Bhargava, who is based in New Delhi, told PTI here on telephone that these patients had not shown any symptom of the disease so far and "unless they show any symptoms, we can't say that they are affected by the disease."

He said these patients had only shown antibody response to the AIDS test and this was not a confirmatory test to suggest that they were suffering from the disease, but only an indication that they might have been infected by the virus.

"At most we can say that these patients are more prone to the disease than an ordinary person, but the chances of their getting affected by the disease is only eight per cent," he admitted following persistent questions.

Dr Bhargava said the patients, who were now in rescue homes in Madras, were being constantly monitored for any symptom of the disease. "It is not clear whether they were only carriers of the virus and this can be confirmed only after carefully studying their past history of sexual habits," he said.

A recent circular from international organisations engaged in the study of AIDS, made available to PTI, categorically states "the presence of HTLV-III (the virus believed to cause AIDS) antibody is not a diagnosis of AIDS. A negative test result does not exclude the possibility of exposure to or infection with HTLV-III."

Meanwhile, two city doctors, who have been associated with the study of AIDS, today sent a telegram to the Lok Sabha Speaker, Mr Balram Jakhar, requesting him to seek explanations from the Union health minister for "misinforming the House on the prevalance of AIDS in India."

Dr J.K. Maniar and Dr I.S. Gilada *said the minister had* misinformed Parliament on April 29 by announcing that the six patients in Tamil Nadu were suffering from the disease, whereas it had now been proved that "they may have been only infected by the virus."

Dr Maniar, a noted venerologist and president of the association for studies on STD, demanded a thorough inquiry into the whole episode and punishment of the guilty.

He also questioned the contention of the minister that India need not send the blood samples abroad for confirming the presence of AIDS and asserted that India did not have adequate facilities for confirming whether a person had been inflicted by this deadly disease.

Dr Gilada who is secretary of the Indian Health Organisation, which has started a clinic for detection of AIDS at the government-run J.J. Hospital, also stressed the need for sending blood samples from the suspected cases abroad for confirmation.

There was a special wing of the Centre for Disease Control in Atlanta in the United States, which co-ordinated studies on AIDS the world over and they had offered to help confirm the presence of the disease in any country, he added.

Diagnosis in Doubt

Calcutta THE TELEGRAPH in English 9 May 86 p 5

[Text]

"TILL date comparatively less number of cases have been reported from Asia and many countries including India are yet to report any case. However, keeping in view the rapidity of its travel from one continent to another, the disease will soon knock at the doors of these countries." This observation was made in a document on a AIDS (acquired immuno deficiency syndrome) brought out by the National Institute of Communicable Diseases (NICD) in March this year. How prophetic it has turned out that within a month a few cases of AIDS virus infection have been reported from Tamil Nadu.

It is yet to be conclusively shown whether the virus detected in Tamil Nadu is that of AIDS or AIDS-related disease but the detection itself highlights the efficacy of surveillance on the one hand and the need for continued vigil to prevent its spread. The emergence of AIDS, which is assuming an epidemic form, has naturally caused widespread alarm. Its existence was first discovered in 1981 and two years later, the causative virus was identified by two groups of scientists, one French and the other American. The French group led by Dr. Luc Montagnier of the Pasteur Institute named the virus Lav (lymphadenopathy associated virus) while the American group led by Dr. Robert Gallo of the National Cancer Institute named it HTLV III (human t-lymphotropic virus III).

Prevalence in Africa

The prevalence of LAV/HTLV-III in Central Africa provided some important clues to the origin of the disease. A variant of HTLV-I, called HTLV IB was found widely in African patients. Moreover, sampling of African green monkeys was reported to have revealed that 70 per cent of them were infected with a virus which did not seem to cause any harm to them. Scientists consider it possible that like the virus of jungle yellow fever, the causative virus of AIDS has undergone an adaptation towards the human host.

Ever since the causative virus was discovered, 22,000 cases of AIDS have been reported from all continents. Nearly 80 per cent of these were from the U.S. Europe, the U.K. and Australia together come next. In South East Asia, Thailand has so far reported half a dozen cases. Now it is India's turn.

The cumulative mortality among the identified cases range between 40 per cent and 50 per cent. According to scientists it would probably exceed 90 per cent when clinically indentified patients had been under observation for two to three years. In certain high risk groups in the U.S., the chances of death from AIDS are estimated to be similar to the mortality rate for heart disease and cancer.

Reference laboratories

Global concern over this trend is reflected in the series of steps taken by the World Health Organisation. These included the setting up of a dozen collaborating centres in countries where AIDS has emerged as a serious health problem. The centres help the national Government concerned in selecting and using reliable testing kits and procedures for identification of AIDS infection. So far, these centres had been set up mostly in developed countries. Now, two centres are proposed in South East Asia and one of these is likely to be in India.

Moves were initiated in India in August last year to deal with the emerging situation. A task force under the chairmanship of Prof. V. Ramalingaswamy, Director-General of ICMR, was formed and on its recommendation, a surveillance machinery set in motion. This comprises two reference laboratories and seven surveillance centres. The reference laboratories are at the National Institute of Virology, Pune and the Christian Medical College, Vellore. The surveillance centres are in Pune, Vellore, Srinagar, Madras, Calcutta and Delhi.

The idea is to be on the look out for anti-bodies to AIDS virus in people who are known to be in very high risk of getting infection. The high risk group includes homosexuals, intravenous drug users, female prostitutes, recipients of blood and blood products repeatedly, recipients of blood transfusion and infants born of mothers who suffered from AIDS.

Instructions were sent to all medical colleges and State Governments to be vigilant. To help them, a brochure containing information about AIDS, including the early symptoms was circulated, copies to be sent to clinical faculties so that they could collect blood samples and send them to any of the reference laboratories. No feedback has come about action taken by the States.

Praise for Tamil Nadu

However, the reported detection of cases in Tamil Nadu shows that these instructions have been taken seriously and acted upon. The ICMR chief is all praise for the Department of Microbiology of the Madras Medical College for tracking down women in high risk group, collecting their blood samples and sending them for testing. "If they had not done so, we do not know how long we would have had to wait before we came to know of the presence of infection."

In the last few months, the reference laboratory at the NIV in Pune had screened more than 900 blood samples collected from persons in the high risk group including some eunuchs, occupants of jail and remand homes, and those who are carriers of Hepatitis B virus. These samples were collected from Goa, Bombay and Pune. Except for two false positive sera which, on confirmatory tests, were found to be negative, there was no person carrying antibodies to AIDS virus in this study.

. . .

At the reference laboratory in Vellore, more than 600 blood samples were studied. A special feature of this study was that a large number of patients with kidney disease put on dialysis and subsequently receiving renal transplant were covered. But none of these samples revealed the presence of antibodies, until a couple of weeks ago when the reference laboratory started testing 102 samples of blood received from Madras. Out of these, nine gave positive results for the presence of antibodies to AIDS virus when tested by the "Elifa" method.

National strategy

They were immediately flown to Johns Hopkins University in the U.S. for confirmation using the "Western blot" method. The samples were sent through the American Embassy here. A few days later, word came from the laboratory that six of these were found to be positive. The written report was brought by Dr. K. M. Pavri, Director of NIV, Pune who happened to be in the U.S.

The report was discussed in Madras by Prof. Ramalingaswamy along with Dr. Pavri and Dr. Jacob John of the CMC, Vellore. They also examined one of the six persons and came to the conclusion that she was not as yet suffering from AIDS although her blood was positive for infection. They appraised the State Health Minister of the situation and discussed the line of action. A special meeting of the task force held on April 29 discussed the situation and chalked out a national strategy.

The strategy envisages nationwide surveillance by having one centre in each State. The ICMR will give a block grant ranging from Rs. 10,000 to Rs. 30,000 as seed money to the States to set up the centres. A programme will be organised to train one team of medical doctors and technicians from each State in the detection of cases. Diagnositic kits will be supplied and steps have been taken to import 25,000 kits. Meanwhile, the possibilities of indigenous manufscture of the kits would be explored. In addition to these, a programme will be undertaken to educate the public on various aspects of the disease like the possible modes of transmission and precautionary steps to be taken.

According to Prof. Ramalingaswamy, a remarkable amount of knowledge has already accumulated since the disease was discovered and the causative virus identified. Major efforts are being made towards developing a vaccine and he is optimistic of these efforts bearing fruit soon. He says: "One thing that is emerging from the current investigations is that there is perhaps more than one virus and we may have to talk in terms of "AIDS groups" of viruses. In fact, evidence is just emerging that in Africa there may be a closely related virus that is prevalent which infects man but may not produce the classical AIDS disease. The detection of six cases of AIDS virus infection without evidence of disease in these six cases, together with the fact that so far the nationwide clinical surveillance has not revealed the presence of AIDS disease in its classical form in India leads one to suspect that we may be dealing here with AIDS-related virus. The ICMR is intensely pursuing this line and within the next few weeks a new chapter in this story is likely to unfold."

Prof. Ramalingaswamy said that one scientist from NIV, Pune—Dr. Mridula Bose—has been deputed to the Centre for Communicable Diseases at Altanta (U.S.) for training in advanced methods of virus isolation. Another scientist, Dr. George Babu of the CMC Vellore will go to the U.S. this month for such training. A third scientist from the Immuno Haematology Institute, Bombay will be sent to West Germany.

/9274
CSO: 5450/0141

HEPATITIS REPORTEDLY 'RAGING' IN CITY AREAS

Calcutta THE STATESMAN in English 8 May 86 pp 1, 3

[Text] Though Calcutta Municipal Corporation authorities continue to deny any increase in the incidence of hepatitis, private practitioners say the disease is raging in several parts of the city.

Sources in the Indian Medical Association said that general practitioner members had expressed similar opinions, but were unable to provide figures on the extent of the outbreak. Reports of a hepatitis outbreak in the South Eastern Railway employees' residential colony at Garden Reach have reached the All-India Institute of Hygiene and Public Health.

Civic officials said there had been six deaths in the city according to records with burning ghats. They said that the disease had broken out only in Behala. Blood samples were collected from the affected area and sent for analysis at the Department of Virology, School of Tropical Medicine. The civic headquarters is yet to receive its report.

Dr A. K. Chakravarty, Professor of Epidemiology at the AIIHPH, said on Wednesday, that reports of 88 cases of hepatitis at Garden Reach had reached his institute recently. His team then collected several blood samples and revealed that the virus was neither Hepatitis-A, which is carried in water, nor Hepatitis-B, which is carried in the blood. The virus is suspected to be Hepatitis Non-A, Non-B, which is usually carried in water.

Contaminated Water

A study of water samples from the Garden Reach colony revealed that water supplied by the Calcutta Metropolitan Water Sanitation Authority and by a deep tube-well installed by the colony residents was found contaminated. The AIIHPH authorities recommended the injection of excess chlorine at the distribution points to arrest the spread of the disease.

Sources in the IMA said the junior doctors had sent a letter to the organization requesting a body of senior doctors to plead with the Government to supply better water to city hospitals. The request followed the recent death of a junior doctor at SSKM Hospital. IMA sources said the association's executive would meet shortly to decide on what suggestions would be made to to the State Government over the regular cleaning of the overhead tanks in hospitals and healthier working conditions in surgery, blood bank, or gynaecology wings of hospitals. Virologists in the city will be consulted before the move is made.

Dr A. K. Chakravarty of the AIIHPH said water-borne hepatitis occurred when the leaks in the city's drinking water pipelines allowed contaminated matter to enter the distribution system. He felt overhead tanks of large establishments should be cleaned at regular intervals. He said that last year, hepatitis had occurred at the Ratnakar Buildings of the Geological Survey of India because of pollutants in the reservoir. He recommended the injection of excess chlorine to improve the quality of water.

Other medical experts observed that Calcutta has not been singled out for annual hepatitis outbreaks. In Bombay, the sources said, 256 deaths were reported in 1984, 209 in 1983, 284 in 1982, and 391 in 1981. Though the reporting of incidence in the country was imperfect, a national survey pointed out that in 1984 there were 25,345 cases of hepatitis in Maharashtra, 20,390 cases in Gujarat and 6,984 in Delhi.

These experts were, however, unhappy with the data collected in West Bengal. They said that to tackle epidemics this type of data was very helpful, but in West Bengal, recent statistics were hardly available. For example, in a recent countrywide compilation of health statistics published by the Union Government, West Bengal is one of the few States whose figures are not available. The experts were concerned by the inefficiency of the Bureau of Health Intelligence in West Bengal. Data was not sent regularly to the bureau by the health centres in the districts. The experts said that the bureau in turn did not seek regular information from the health centres and even if statistics reached the bureau, they were never compiled in time, the experts added.

Mr Ambarish Mukherjee, Minister of State for Health, told reporters that Calcutta Municipal Corporation had been asked to use point three parts per million of chlorine to filter Hooghly water.

To curb the spread of jaundice caused by the more dangerous B virus, the hospitals were being directed to boil syringes and needles for five minutes before each injection. Other hygenic measures were being adopted.

During the day, junior doctors of the Medical College met Mr Mukherjee at Writers' Buildings and requested him to ensure cleanliness in hospitals.

/9274
CSO: 5450/0142

MADRAS OFFICIALS FIGHT LEPTOSPIROSIS EPIDEMIC

Madras THE HINDU in English 29 Apr 86 p 9

[Text] MADRAS, April 28.

A range of preventive measures was initiated today to contain the spread of leptospirosis, a bacterial disease, which has broken out in an epidemic form in certain pockets of North Madras.

The Tamil Nadu Health Minister, Dr. H. V. Hande, told the Legislative Council that the source of this generally waterborne disease had not yet been traced.

A majority of those admitted to the Stanley Hospital with symptoms of leptospirosis were nurses, house surgeons and medicos. This should not suggest that the source of the infection was necessarily within the hospital complex as among those who had been admitted were also the people who were living in different parts of North Madras.

The Minister, who was replying to a discussion on health care, said that Metrowater had been asked to disinfect the water supply in the entire area suspected to harbour the disease.

Surveillance panel: The hospital authorities said that about 60 persons were now undergoing treatment for leptospirosis. According to the Dean-in-charge, Dr. M. S. Sundaramurthi, a panel of 20 senior physicians, nephrologists and neurologists has been formed to maintain constant surveillance and also to provide intensive care to those admitted to the hospital.

The Dean denied that a second year student nurse died due to leptospirosis. He said the student, Miss Reginal (22), was admitted with fever soon after her return from Kanyakumari where she had gone on annual leave. She presented a clinical picture of malaria and encephalitis meningitis. Despite the best treatment she passed into a stupor—coma—and later died. There appeared to be some confusion in recording the cause of the death as there were three other student nurses admitted at the same time with positive signs of leptospirosis. "I personally feel that Miss Reginal's death was due to encephalitis though the duty Medical Officer has endorsed the death as due to leptospirosis," the Dean said.

Medicines distributed: As a prophylactic measure, 5,000 capsules of tetracyclin—antibiotic—had been given for distribution among men students of the medical college and 4,000 capsules for women students in the hostel. The Dean said that 10,000 capsules had been given for distribution among the nursing staff. The Metrowater, he said, had heavily chlorinated the overhead tanks, sumps and wells in the hospital.

The Dean considered the admitted cases as of a mild nature. Normally leptospirosis presented complex symptoms—jaundice, fever, severe pain in the joints and even bleeding. The cases that had been admitted now had mild temperature, low body pain and in some cases headache. All the cases responded very well to treatment with antibiotics. If neglected and left untreated even at the initial stage, the disease might become quite serious and damage organs such as the kidneys and the liver and ultimately kill the patients.

According to Dr. Babiraju, Assistant Professor of Microbiology, the clinical features of the disease showed up after an incubation period of two to 30 days and usually after raging for 14 days the bacteria (leptrospira) were ejected from the body as by then the immunity system would have produced the necessary anti-bodies.

If there were a number of admissions now, probably it was because of the ability to diagnose quickly the cases of leptospirosis, thanks to the Government allowing the Medical College to acquire a Rs. 1 lakh sophisticated microscope which magnified the organisms 450 times. Hitherto the smears were sent to the Government Veterinary Hospital for analysis and this involved some delay.

Special counter: As several students made anxious enquiries to know whether they could also be harbouring the bacteria, a special counter has been opened at the Stanley Medical College to draw blood samples from the students

This is the second time in a gap of four months that leptospirosis is striking the city in an epidemic form. Following the floods last November, the disease was rampant in South Madras in areas such as K.K. Nagar and then it had taken a toll of 20 lives in a span of three weeks.

The health team of the Corporation of Madras visited the Stanley Hospital and inspected the water sources including the overhead tanks, sumps and wells. Mrs. Shantha Sheela Nair, Commissioner, said that the Corporation dispensaries had been instructed to look for the disease in patients with symptoms of fever and jaundice and refer the suspected cases for smear test at the Government hospitals. The Corporation staff also would chlorinate the public and private wells in the city.

/12828
CSO: 5450/0137

BRIEFS

CONCERN OVER GOITER--New Delhi, 30 Apr--Serious concern was voiced in the Rajya Sabha today over the prevalence of goitre in the capital, particularly among children belonging to the weaker sections. Sharing the members' concern, the Deputy Minister of Health and Family Welfare, Mr S. Krishnakumar, who had to face a volley of supplementaries on the issue during question hour, assured the House that efforts were being made to eradicate goitre and other iodine deficiency disorders. One hundred districts in the country, many in the sub-Himalayan region, have been declared goitre-affected areas and iodised salt was being made available to the people since saltiodisation programme was the best and cheapest way to cure it, the Minister said. Mr Krishnakumar said Delhi with a large number of cases has so far not been declared as goitre-affected area but 10,000 tonnes of iodised salt was being made available in the capital. The Government proposed to iodise 50 lakh tonnes of common salt by 1992 in a phased manner. [Text] [Madras THE HINDU in English 1 May 86 p 6] /9274

MEASLES IN ORISSA--Jeypore (Koraput), 1 May (UNI)--Thirty tribal children in the four-to-10 age group have died in the past one month of a virulent form of measles in seven remote villages in Orissa's Koraput district, according to the chief medical officer here. Reports received here said about 130 other children of different ages were reported to be critically ill. Health authorities rushed a team of experts to fight the disease which had taken the form of an epidemic. Medical experts opined that vaccine for this particular type of measles was not available in the country. [Text] [New Delhi PATRIOT in English 2 May 86 p 6] /9274

MENINGITIS DEATH STATISTICS--Delhi tops the list with 849 deaths due to meningitis which claimed 1,709 lives in the country between January, 1985 and March 1986, the Rajya Sabha was informed on Wednesday, reports PTI. Maharashtra with 367 is followed by West Benegal where the brain fever took a toll of 139 lives. Uttar Pradesh reported 104 meningitis deaths. While 13 other States reported less than 100 deaths due to meningitis. No cases were reported from six States including Andhra Pradesh, Himachal Pradesh, Karnataka, Manipur, Meghalaya and Nagaland. Except for Delhi, the other Union Territories have also not reported a single fatal case. [Text] [New Delhi PATRIOT in English 24 Apr 86 p 5]/12828

DEATHS FROM RABIES--As a result of over two lakh dog bite cases since 1983, 2025 persons died of rabies, the lok Sabha was informed on Thursday, reports PTI. Deputy Minister of Health and Family Welfare S Krishnakumar told Mr. P R Kumaramangalam in a written reply that there were no accurate estimates about the number of stray dogs in the country. [Text] [New Delhi PATRIOT in English 18 Apr 86 p 5]/12828

CSO: 5450/0138

INCIDENCE OF TYPHOID IN ST THOMAS SPARKS CONCERN

Kingston THE DAILY GLEANER in English 9 May 86 p 1

[Text] An increasing incidence of typhoid fever in the Llandewey area of St. Thomas since January is causing concern for the Ministry of Health.

This was borne out today when Medical Officer for Health for St. Thomas, Dr. Eva Lewis-Fuller, answered queries from councillors at the regular monthly meeting of the St. Thomas Parish Council.

Dr. Lewis-Fuller said that since January there had in the Llandewey area 12 confirmed cases with numerous unconfirmed cases involving mostly children and young adults.

She said there were seven suspected cases in the Children's Hospital. The Senior Medical Officer there, Dr. Keith McKenzie, had expressed concern to her over the number of cases coming in from St. Thomas.

To combat the problem, the Ministry is conducting an education campaign for adults and children with meetings and films. Proper preparation of food, personal hygiene and the boiling of all drinking water were being emphasised.

She said some deaths in the area had been attributed to the disease. Water as a possible source of the disease as well as pit latrines were being investigated by her department.

The Council expressed concern that the only source of water for the people of Llandewey was the Yallahs River, which Councillor Whitton said he believed to be contaminated as people bathed and washed clothes in the river and dumped dead animals and waste into it.

"The people in the area are adversely affected by the outbreak and can no longer stand the increasing cost of transportation, medical and other expenses," Councillor Whetton said. He asked that the Council seek some assistance for the citizens.

The Council expressed concern that the Kingston pipeline which it said draws approximately 40 inches of water from the Yallahs River might have contributed to the problem as it lowers the water source. Recommendations were made by the Council for letters to be sent to the relevant authorities, Ministries and the Prime Minister.

/12828
CSO: 5440/085

DENGUE OUTBREAK WARNING ISSUED

Penang THE STAR in English 10 May 86 p 6

[Text]

KUALA LUMPUR, Fri. — A Health Ministry official warned today that there would likely be a massive outbreak of dengue if the people do not co-operate with the authorities to fight the recent increase in the number of cases.

Dr Chong Chee Tsun, the director of the Health Ministry's Vector-borne Diseases Programme, said six people had died and more than 350 other dengue cases reported since the beginning of the year.

He said this was serious as there were only 367 cases for the whole of last year.

He blamed this on the public for allowing the aedes mosquito, the carrier of the disease, to breed despite appeals from the health authorities.

"The Ministry can only do so much. After that it is up to the public to make sure that all aedes breeding grounds are destroyed."

Dr Chong said the Federal Territory recorded the highest number of cases at 101.

Next is Selangor with 97 cases, Penang (32), Johore (26), Perak (25), Sarawak (25), Negri Sembilan (21), Pahang (15), Terengganu (7) and Kedah (4).

Sabah reported its first dengue fever case a week ago, he said.

He said all State anti-epidemic committees had been put on alert and fogging carried out in affected areas.

He said that dengue fever and dengue haemorrhagic fever were considered dangerous because there was no specific treatment available for it.

"The most effective way to prevent the disease is to check the breeding of the aedes mosquito," he said.

City Hall Health Director Dr S.N. Soosaipillai said here today that City Hall enforcement officers would not hesitate to prosecute house owners who were found to have breeding grounds for the aedes mosquito in or around their houses.

"Already 1,574 people have been compounded this year," he said.

Dr Soosaipillai said City Hall was stepping up its fogging operations in the worst affected areas which were in Cheras, Jalan Sungai Besi, Jalan Puchong, Setapak and Jinjang.

SANDAKAN, Fri. — Sandakan Division health authorities have been placed on the alert following increasing cases of two water-borne diseases, cholera and typhoid.

The division's area health officer Dr Edmond Fernandez said today that so far this year, 20 cases of typhoid and 20 cases of cholera were reported in the three districts that made up the division — Kinabatangan, Beluran and Sandakan.

There were nine typhoid and 33 cholera cases reported during the same period last year.

Dr Fernandez said the department was going all out to contain the outbreak. — Bernama.

/9274
CSO: 5400/4380

DENGUE CASES ON RISE; HOUSE TO HOUSE CHECKS

Kuala Lumpur NEW STRAITS TIMES in English 15 May 86 p 1

[Text]

KUALA LUMPUR, Wed. — The number of dengue cases reported throughout the country during the first four and a half months of this year has exceeded the total for the whole of last year.

The director of the vector borne-diseases prevention programme, Dr Chong Chee Tsun, said today that during the period 375 cases were reported, compared with 367 during last year.

"Six people have died from dengue haemorrhagic fever (DHF) this year compared with 12 last year," he said.

Four more cases were reported yesterday, two each in Penang and Perak. Last week alone, 41 cases were reported throughout the country.

The Federal Territory and Selangor still recorded the highest number of cases, 104 and 100 respectively, followed by Penang (34), Sarawak (30), Perak (28), Johore (28), Negri Sembilan (22), Pahang (17), Terengganu (seven), Kedah (four), and Sabah (one). None had been reported in Perlis, Malacca and Kelantan.

Dr Chong said the number of cases reported monthly were 32 in January, February (48), March (105), April (130) and 59 cases during the first two weeks of this month.

A directive has been issued to step up house-to-house checks and fogging operations, particularly in urban areas.

A total of $14,525 was collected from fines imposed on 481 houseowners throughout Peninsular Malaysia last month, while 970 others were issued warnings.

Last month, fogging operations were carried out at 111,502 houses while 39.5kg of Abate were used in operations to destroy aedes breeding grounds.

House owners are advised to buy the Abate at shops or supermarkets and use it according to fixed doses for all water containers, as aedes mosquitoes will only breed in clean and still water. — Bernama

/9274
CSO: 5400/4380

114 CASES OF DENGUE FEVER REPORTED; 1 DEAD

BK301459 Kuala Lumpur BERNAMA in English 1438 GMT 30 May 86

[Text] Kuala Lumpur, May 30 (OANA-BERNAMA)--A total of 114 cases of dengue fever and dengue haemorrhagic fever with one death have been reported in central Selangor state so far this year compared with only 10 for the same period last year.

Selangor medical and health services director Dr Tan Ban Lee said Friday that of the total, 29 are dengue haemorrhagic fever cases.

He said that nearly 80 percent of the cases are reported in Pataling Jaya, Ulu Langat, Shah Alam and Gombak which are identified as high risk areas.

Speaking at a press conference here, he said Selangor has the second highest number of dengue fever cases in the country after the federal territory which had 121 cases so far. He said that of the total 457 cases of dengue fever cases in the country, 24.9 percent was reported in Selangor.

Dr Tan, describing the situation as alarming but under control, said that a total of 864 people were fined for having mosquito larvae in their premises during the period.

The aedes mosquitoes breed in clear water in all types of containers in homes and compounds and Malaysian authorities, in trying to eradicate the disease, impose a fine on people whose homes or compound are found to be breeding grounds for the mosquitoes.

Dr Tan said the department is trying to fight the menance by increasing fogging operations and also creating awareness among the people through posters and talks.

/8918
CSO: 5400/4379

HEPATITUS IMMUNIZATION ORDERED FOR MEDICS

Kuala Kumpur NEW STRAITS TIMES in English 18 May 86 p 4

[Text]

JOHORE BARU, Sat. — The Health Ministry is carrying out a systematic vaccination of hospital staff considered in the high risk category for Hepatitis B.

"This includes the staff in the labour room, operation room, blood bank and the emergency wards," said Deputy Health Minister Datuk K. Pathmanaban here last night.

Health workers, doctors, nurses and medical attendants who care for Hepatitis B patients and laboratory attendants who handle specimens of carrier, patients fall under the high-risk group.

Because of the nature of their work they can carry the virus and infect everyone they come in contact with.

Urging private hospitals and clinics to do the same, he said that Hepatitis B was fairly extensive throughout the country.

"About four to five per cent of the population particularly the Chinese and Malay population are affected it."

Datuk Pathmanaban said vaccine for Hepatitis B which is given in three doses was too expensive to be used "on a national basis. It costs $350 for the three doses."

Hepatitis B is mainly transmitted through blood, sex and handling of human tissues.

It is also transmitted through any form of physical contact, including the sharing of personal items such as toothbrushes and towels.

The transmission mode is similar to that of AIDS, he added.

/9274
CSO: 5400/4380

TASK FORCE ON RUBELLA FORMED

Kuala Lumpur NEW STRAITS TIMES in English 18 May 86 p 4

[Text]

JOHORE BARU, Sat. — The Ministry of Health has set up a task force to map out a national plan of action to provide immunisation vaccine against *rubella* (German measles).

It is now working out the methods of covering the target population for rubella immunisation.

Deputy Health Minister Datuk K. Pathmanaban said last night thetarget group would be girls between the ages of 12 and 14.

"Rubella is known to be a widespread problem but can be contained by vaccination which gives total immunity.

"Immunisation of girls at the puberty age provides a lifetime immunity."

The programme will be directed at schools where most of the target groups can be reached easily.

The Ministry estimates that the exercise will cost about $900,000 a year.

The programme which will be within the Ministry's primary health care services, will also be available to the hospitals.

Rubella in the case of pregnant women can lead to deformed and retarded babies. Early vaccination will help prevent the disease.

The Ministry will introduce a permanent booklet for school children, giving details of the various immunisation vaccines they have received, including the rubella vaccine.

"At the moment while immunisation against polio, BCG vaccines and triple antigen (tetanus and whooping cough) are generally considered to be fairly comprehensive, there are still pockets of the child population who have been found not to have received the immunisation vaccines."

Introduction of these booklets which will be monitored through the school health service will ensure that the entire child population is properly covered.

"Polio has been virtually eliminated as a result of vaccines but whooping cough and tetanus cases are still seen in hospitals."

/9274
CSO: 5400/4380

BRIEFS

OUTBREAK OF DENGUE FEVER--Kuala Lumpur, 26 May (AFP)--Malaysia is bracing for an outbreak of dengue fever, as six people have died of it and 375 cases have already been reported so far this year, Deputy Health Minister K. Pathmanaban said Monday. A total 375 dengue cases were reported in the first quarter of this year compared to 367 over the same period last year, while six people died in the first quarter, compared to 12 for the whole of last year. Mr Pathmanaban said that the dengue situation "was definitely more serious this time" and that a serious outbreak was feared because of the increase in the number of cases recorded. [Text] [Hong Kong AFP in English 0524 GMT 26 May 86 BK] /12913

CSO: 5400/4378

TIANJIN GIVES ATTENTION TO MENTAL HEALTH

OW080100 Beijing XINHUA in English 0039 GMT 8 May 86

[Text] Tianjin, May 8 (XINHUA)--Mental health is receiving growing attention in Tianjin because of the faster pace of modern life and work, according to local officials.

The municipal mental health office reported that major killers in the city, rather than infectious diseases, are hypertension, coronary heart disease, strokes and malignant tumors, which are partly attributed to mental disorders.

A municipal mental health center will be set up soon. All districts and counties will have their own mental health centers by the end of this year, the officials said.

At present, the city has two mental health departments of bio-feedback treatment and two district mental health centers.

Medical workers are stressing a holistic (taking into account all the biological, psychological and social factors) in treatment instead of simple administration of drugs or surgery.

Before, mental diseases were mainly treated in three insane asylums which had a total of 1,600 beds. Social pressure, however, dissuaded many people suffering from mild mental problems from seeking help.

Since its opening last July, the out-patient department under the city's biological feedback center has treated 16,000 cases of primary hypertension, coronary heart disease, gastric ulcer, muscular spasm, nervous disorder, asthma, writer's cramp, climacteric syndrome and infertility.

With psychological consultancy, Qigong (a breathing exercise), laser beams and other devices, the treatment in this department has been effective for 76.8 percent of the cases.

The mental health centers, in addition to providing patients with drugs, give the patients advice, organize them to sing, dance, appreciate music and play cards. On weekends, hospitalized patients are allowed to return home.

In recent years, 2,000 people have studied mental health and bio-feedback treatment in training courses organized by local medical authorities.

Health workers have completed surveys on mental disorders, physical and mental conditions of actors and actresses, and the relationship between A-type behavior and the incidence of coronary heart disease.

Local officials also said that the Tianjin office and the State University of New York, Albany, are conducting a survey on the physical and mental health of residents in Tianjin and New York City, respectively.

/6091
CSO: 5400/4112

JILIN MEETING ON ENDEMIC DISEASE CONTROL ENDS

SK210517 Changchun Jilin Provincial Service in Mandarin 1030 GMT 20 Mar 86

[Excerpts] After a 3-day session, the enlarged meeting of the leading group for the prevention and treatment of endemic diseases under the provincial CPC Committee concluded on 20 March. This is the first plenary meeting of the leading group after its staffers were readjusted in 1985.

The meeting summed up the achievements scored by the province in this regard during the implementation period of the Sixth 5-Year Plan, discussed and made work arrangements for the Seventh 5-Year Plan period and the detailed rules and regulations and measures on preventing and treating endemic diseases, held discussions on exchanging the experiences gained in the work, and mapped out tasks in this regard for 1986.

At the closing ceremony of the meeting on the afternoon of 20 March, Wang Zhongyu, deputy secretary of the provincial CPC Committee, delivered a speech on further upgrading the understanding on the importance and emergency of preventing and treating endemic diseases, and on the issue of strengthening leadership over the work. In this speech, Wang Zhongyu stressed that the party committees at all levels should closely integrate the work in this regard with that of building the four modernizations and the spiritual civilization, and straightening out party style. They should enhance in a down-to-earth manner the ideological and political work and their leadership over the work. Efforts should be made to link the work of combating diseases, poverty, and ignorance with that of helping the poor; to build the two civilizations simultaneously; to establish or improve responsibility systems; and to reinforce the leading group for the prevention and treatment of endemic diseases and its subordinate offices in order to bring into full play their functions.

At the meeting, the leading group for the prevention and treatment of endemic diseases under the provincial CPC Committee, which was entrusted by the Central Leading Group for Prevention and Treatment of Local Endemic Disease, commended 14 advanced units and 51 advanced individuals emerging in the provincial work of preventing and treating endemic diseases by presenting citations and certificates. Wang Daren, leader of the leading group under the provincial CPC Committee, delivered a summing-up speech.

/8918
CSO: 5400/4113

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

ENDEMIC DISEASE PREVENTION, TREATMENT--Jilin Province achieved noticeable progress in the prevention and treatment of endemic diseases during the Sixth 5-Year Plan period. By the end of 1985, patients with endemic diseases accounted for only 2.33 percent of the total population of the province. Of these, the number of those suffering from endemic goiter declined from 760,000 in 1980 to 296,000. In 1983 assessment, Jilin Province met the national standards for controlling endemic goiter, thus basically bringing it under control. Jilin Province was also commended by the central leading group for the prevention and treatment of endemic diseases for its good job in preventing the occurrence of endemic cretinism. Thanks to the comprehensive measures taken for the prevention and treatment, the annual occurrence of Keshan disease dropped to the lowest in our history. Eleven counties succeeded in preventing the occurrence of acute Keshan disease for 5 to 7 years in succession, and 7 of the 14 counties afflicted by plague reached the state-stipulated targets in the work of killing rats and eliminating the source of the plague. Fairly good results were also achieved in improving water for preventing and treating fluoride poisoning and Kaschin-beck disease. Over the past few years more than 1,100 wells were sunk, spring water in more than 200 spots was diverted for use, and more than 1,500 households were supplied with tap water. Seventy percent, or some 1 million people, of those who should be benefited were benefited from these projects. During the Sixth 5-Year Plan period, 26 endemic disease research findings of our province passed assessment, and were popularized. Some of them reached advanced national levels. [Text] [Changchu Jilin Provincial Service in Mandarin 1030 GMT 18 Mar 86 SK] /8918

BUREAU CONTROL OF ENDEMIC DISEASE--Beijing, 23 May (XINHUA)--The national endemic disease control meeting, which was held in Beijing on 23 May, emphatically pointed out: All local governments must continue paying great attention to preventing and curing endemic disease. All departments concerned must make further coordination and mobilize all forces in society to eliminate the "God of plague"--endemic diseases. At the meeting Cui Yueli, minister of public health, said: The control of snail fever and of other endemic diseases is part of the public health and disease prevention work. The Ministry of Public Health has decided to establish a Bureau for Control of Endemic Diseases. The bureau will not only undertake the task of preventing and treating snail fever and other endemic diseases, but also will be responsible for the control of other parasitic diseases, leprosy, trachoma, and blindness. Since 1 May this year, after the Leading Group for Prevention and Treatment of Local Endemic Disease and the Group in Charge of Snail Fever Prevention and their own offices were disbanded, the two offices' work tasks have been formally turned over to the Public Health Ministry's Bureau for Control of Endemic Diseases. [Excerpts] [Beijing XINHUA Domestic Service in Chinese 1154 GMT 23 May 86 OW] /8918

RURAL HEALTH CARE IMPROVES IN SHANDONG--Jinan, March 22 (XINHUA)--The number of rural clinics in Shandong Province increased by almost 10 percent last year to 97,490, a provincial public health official said. Ninety-five percent of Shandong villages now have clinics, compared with the national average of 87 percent. At the end of last year, the clinics employed 143,000 doctors and nurses--5.8 percent more than in 1984. Together with Shandong's various hospitals and other health centers, the clinics helped to reduce the incidence of acute diseases by 23 percent among the province's 70 million peasants last year, and the number of malaria cases by 66 percent. The clinics are run by village authorities or doctors under contract, and received more than 1,800,000 yuan last year in provincial subsidies. [Text] [Beijing XINHUA in English 0739 GMT 22 Mar 86 OW] /6091

CSO: 5400/4112

NON-PATHOGENIC AIDS VIRUS DISCOVERED

Dakar LE SOLEIL in French 9 Apr 86 pp 1, 2

[Article by Fara Diaw; First paragraph LE SOLEIL introduction]

An important step has just been taken in the fight against AIDS. An international team of scientists has just discovered a non-pathogenic virus in Senegal. The discovery is of great importance. In the West, where AIDS continues to devastate, it has already received a great deal of attention from the media and the scientific community. In all probability, this non-pathogenic virus is the "missing link" between the AIDS virus and the green monkey virus. Based on certain specific properties of the virus discovered in Senegal (including its ability to induce the production of antibodies), it is possible to hope that an anti-AIDS vaccine will be developed. The research leading to this discovery was carried out by Senegalese, American and French specialists. It has also confirmed the fact that there are no cases of AIDS in Senegal.

[Text] The Dakar University School of Medicine and Pharmacy has something to be proud of in the brilliant doctoral thesis on acquired immune deficiency syndrome (AIDS) presented by Mrs Fatou Dieng Samb.

It is the first work of this kind to report on the status of this terrible illness in western Africa and to clarify the outlook for vaccination. This work is all the more remarkable in that a new, human non-pathogenic retrovirus was discovered in specimens taken from a sampling of prostitutes.

This virus, dubbed HTLV 4, more closely ressembles the African green monkey (STLV 3 AGM) than the AIDS (HTLV 3 or LAV) virus. It has been isolated and its property of inducing the production of antibodies which recognize the HTLV 3/LAV virus should assist in the development of a new prophylaxis against AIDS which, statistically, continues to spread in the world.

Moreover, a broader view of the reality of this scourge in our country, Senegal, and in our subregion is now possible. Prior to this, the only epidemiological research studies were carried out in Europe, the United States and central Africa.

This work, states Professor Souleymene Mboup, director of the thesis and member of the Bacteriology-Serology department of the School of Medicine, was able to be carried out through a national collaboration among hospital departments and an international collaboration between French and American universities.

Samples taken from a population initially composed of prostitutes, tuberculosis, Kaposi's sarcoma and lymphoma patients and a control population were examined using the two AIDS detection techniques: the ELISA test and immunofluorescence.

However, other complex techniques called "Western blot" and RIPA (radioimmunoprecipitation assay), whose object is to show exactly which proteins the antibodies discovered are headed toward and to reach a final conclusion on the existence of a new retrovirus in the population studied, had to be used.

All carriers of the new virus are healthy. Its prevalence in the population studied in Dakar is 0.8 percent in the control group, 1.2 percent among the tuberculosis patients and 5 percent among the prostitutes, who make up the majority (437 out of 694 individuals).

Main Interest

However, the text of the thesis raises several questions, i.e. how is this virus able to infect man? How is it transmitted from prostitutes and their partners and vice-versa? Are prostitutes reservoirs for the virus because of their diversified relations and are they capable in turn of retransmitting the virus to their male partners? And so on. For, according to this work, it has to be assumed that many male subjects will eventually be carriers. The question of what other factors (drugs, homosexuality, etc.) are likely to promote contact between the population studied and the virus is raised.

The upshot of all this is that many unknowns still remain and an epidemiological study covering the entire national territory and neighboring countries must be undertaken to determine the geographical zone of the new virus compared to that of HTLV 3 or LAV in Africa and even in the world.

The same thing must be done on green monkeys (their scientific name is Cercopithecus aethiops) in particular and on other monkeys in general. In Senegal, the former live in the Ziguinchor, Kolda, Kaolack and Tamba regions. The populations in these regions must be studied with particular reference to the contacts that could occur between them and green monkeys: domestic pets, consumption of their meat. In the same way, laboratory personnel who handle products originating from monkeys (cell culture vaccines) should also be examined.

Finally, the main interest of this work is that it offers real hope for the development of an anti-AIDS vaccine based on the new non-pathogenic virus - the only hope of millions of people susceptible of becoming its victims.

With respect to the HTLV 3/LAV virus, this work authoritatively establishes that no case of AIDS has been officially declared in Senegal.

Surveillance

Professor Mboup adds, however, that surveillance must still be implemented and studies on all illnesses described as being possibly associated with AIDS (chronic diarrhea, dramatic weight loss, pneumopathies, Kaposi's sarcoma, dermatoses, buccal candidiasis, etc.) must be conducted. In any case, until an anti-AIDS vaccine is developed and given the continuing risks, Mrs Fatou Dieng Sanb recommends several individual, preventive measures including good hygiene, the avoidance of multiple partners, the use of condoms, sterilization of medical material, etc.

On the national level, Professor Mboup indicates that there are measures that should taken as rapidly as possible to prevent AIDS, which does not currently seem to be a problem in our country, from becoming a real danger in the future. Among them: the creation of functional, systematic detection centers, the widespread adoption of detection measures in blood transfusion centers, raising the awareness of the population, training of medical personnel, the establishment of a national AIDS surveillance committee, etc.

At the beginning of March, in collaboration with the Sahel Research and Documentation Center (CREDO-Sahel), samples were taken in the river region.

According to Professor Mboup, they are an extension of the work already done in Dakar. He tells us that "if the means become available, these studies will be pursued throughout the entire area of the Senegalese territory".

9825
CSO: 5400/120

BRIEFS

CHOLERA CASES REPORTED--Reports from Burao say that the killer disease, cholera, has hit several villages around the town. The reports have not given detailed information about the number of people suffering from the disease, but it has been confirmed that several persons have contracted it. The reports also say that the confirmed cholera cases have been placed in quarantine. They are not receiving medicine and the basic food they need to fight the disease. The latest report from norhtern Somalia confirms that the killer disease has devastated the refugee camps in Tog Wajaale district [on the border with Ethiopia]. [Text] [(Clandestine) Radio Halgan in Somali to Somalia 1700 GMT 22 May 86 EA] /9274

CSO: 5400/125

NATAL FIRST AIDS VICTIM REPORTED

Johannesburg THE CITIZEN in English 21 May 86 p 12

[Text] Natal's first Aids victim is being treated in a private ward at the Addington Hospital in Durban.

This was confirmed yesterday by Professor D. J. Pudifin, Natal's clinical representative on the Aids Advisory Group.

The hospital declined to comment on the patient yesterday. But it was learned that the Aids victim is middle-aged and falls in the high risk category, meaning he could be a homosexual, a haemophiliac or could have visited high-risk areas such as Zaire.

It was learned that he was tested in Johannesburg last year and that the results were found to be positive. He started off having an Aids-related complex like swollen glands, weight-loss and diarrhoea. He progressed to the most serious stage of immune deficiency when he contracted a further infection.

He is being kept in a private ward as strict barrier nursing is not necessary.

/9274
CSO: 5400/127

BRIEFS

KAGERA CAMPAIGNS AGAINST AIDS--Bukoba--Regional health authorities are carrying out a 12-day mass health education drive on the Acquired Immune Deficiency Syndrome (AIDS) disease in Bukoba Rural District. A team comprising six doctors, a health officer and other personnel from the region's Mother and Child Health Care (MCH) department, is carrying out the programme which is part of the region's campaign against the deadly disease which started last November. The Kagera Acting Regional Medical Officer Ndugu Jairo Kidenya, said in Bukoba that from 1983 up to January 31 this year, Kagera Region had 215 reported AIDS patients, of whom 119 died. Ndugu Kidenya said out of that number, 106 AIDS patients reported at the Bukoba regional hospital alone and that 54 patients out of those died. The main objective of the AIDS campaign at village level, Dr Kidenya explained, is to ensure that the risk group is educated on the definition of AIDS, how the disease is transmitted, its symptoms and causes, prevention and reporting system as well as how to care for AIDS patients in hospitals and at home. [Text] [Dar es Salaam DAILY NEWS in English 9 May 86 p 3] /9274

MEASLES, AIDS DEATHS--Measles has killed 114 children in Kasulu District, Kigoma Region, between December, last year, and May 8, this year. According to a member of the National Communicable Diseases Committee which met at the Ministry of Health and Social Welfare in Dar es Salaam on Friday, the disease has broken out in six villages. They are Rungwe Mpya, Nyakanda, Ruhisa, Shunga, Kitagata and Seruushingo. The outbreak of the disease, in which 751 children were admitted, is yet to be contained due to poor communication between the villages and the district office. Many of those who contracted the disease had not been vaccinated because of late delivery of vaccines from Dar es Salaam. Affected most were children below nine months. Health officers have now embarked on a mass vaccination campaign in efforts to eradicate the killer disease. Meanwhile, Acquired Immune Deficiency Syndrome (AIDS), has killed four out of 12 patients admitted at the Muhimbili Medical Centre in Dar es Salaam recently, the head of the Health Education Division in the Ministry of Health, Ndugu Saidi Chizenga, has said. Ndugu Chizenga said AIDS cases were on the increase but efforts were still being made to ensure that preventive measures were observed. Already, he said, 36,000 copies of a book on AIDS had been produced out of the projected 50,000 to be distributed in all health centres and CCM branches in the country free of charge as part of the campaign. [Text] [Dar es Salaam DAILY NEWS in English 12 May 86 p 1] /9274

CSO: 5400/123

COAST REGION AIDS--Coast Region has eight people suffering from Acquired Immune Deficiency Syndrome (AIDS), Shihata has reported. A report by the Regional Political Committee meeting held at Bagamoyo yesterday has asked people in the region to uphold high moral standards to avoid getting the disease. [Text] [Dar es Salaam SUNDAY NEWS in English 4 May 86 p 1] /9274

AIDS DEATHS--Fifteen people have died of Acquired Immune Deficiency Syndrome (AIDS) in the last 18 months in Tanzania's Lake Victoria region of Mwanza, Regional Medical Officer Prosper Mtey said last Wednesday. Last month, Medical researchers in the country called for an intensive nationwide education campaign against the disease, because it was spreading faster than medical facilities could cope. The disease is thought to have entered Tanzania from neighbouring Uganda. [Text] [Lagos DAILY TIMES in English 18 Apr 86 p 14] /9274

CSO: 5400/123

BANGLADESH

BRIEFS

CATTLE DISEASE EPIDEMIC--Over 9,000 goats died and many more have been attacked during cattle diseases epidemic in different parts of the district for sometime past. The worst affected unions are Banundi Kazipur, Ishakhali Totulbaria and Skolataka under Gangni upazila and Mujibnagar, Kathuli and Amghupi under Sadar upazila of the district. It is alleged that preventive measures taken by the local Livestock office is not adequate enough to curb the diseases. Moreover, acute scarcity of medicines has been persisting in the affected areas. As such the diseases are spreading rapidly to the adjoining areas. On the other hand 10,000 of the goats are being reduced to skeleton while a good number of them are at the point of death due to scarcity of fodder. Some farmers told this Correspondent that they are now in a fix with their goats as to how would they feed them. Having been unable to feed the goats, many farmers are selling them at throw-away prices. People of the district have urged the higher authority to take effective measures for containing the disease without further delay to save the goats from extinction. [Text] [Dhaka NEW NATION in English 29 Apr 86 p 2] /13104

CSO: 5450/0139

RABIES CONFIRMED IN BEAR ON BRUCE PENINSULA

Toronto THE GLOBE AND MAIL in English 14 May 86 p A21

[Text]

STOKES BAY, Ont.

A bear shot and killed in this Bruce Peninsula community Sunday had the first confirmed case of a rabies in a bear in Canada in five years, Agriculture Canada said yesterday.

It was also the first confirmed case of a rabid bear in the Grey-Bruce area, an Ontario Natural Resources Ministry spokesman said.

James McLay shot the bear after the crazed animal chased several people and killed his dog near Stokes Bay, a Lake Huron resort community 65 kilometres northwest of Owen Sound.

Mr. McLay said he shot the charging bear "right in the head" when it was only a metre away from him.

After the incident, ministry officials issued renewed warnings for people to be wary of any animal behaving strangely.

Bears are "not particularly susceptible to rabies," ministry spokesman, Dick Misener said. He speculated the bear was bitten by a skunk or fox, possibly while it was hibernating.

/9274
CSO: 5420/72

BRIEFS

UNKNOWN DISEASE STRIKES CATTLE--An unknown disease is affecting cattle on the Buzi Agricultural Enterprise in Sofala. More than 200 head of cattle have been afflicted by this disease which takes the form of infectious blindness. As a result the district has stopped all slaughter of these animals destined for domestic consumption. The disease was detected at the end of February of this year. [Summary] [Maputo NOTICIAS in Portuguese 24 Apr 86 p 3] /6091

CSO: 5400/132

BRIEFS

DUTCH PORK IMPORTATION BANNED—The Federal Government has banned with immediate effect importation of pigs, pork and pig products from the Netherlands until further notice. The Federal Livestock Department, in a statement in Lagos Thursday, explained that the ban was sequel to reports of outbreak of swine fever, a highly contagious and fatal disease of pigs, in that country. [Text] [Lagos DAILY TIMES in English 26 Apr 86 p 2] /13104

CSO: 5400/124

ONTARIO PROGRAM TO COMBAT GYPSY MOTH DISCUSSED

Ottawa THE CITIZEN in English 20 May 86 p B3

[Article by Janice Middleton]

[Text]

Fed up with gypsy moths making lunch of the village trees, Kaladar resident Tina Thomilson has begun her own crusade against the pesky scourge.

Her relentless campaign against the worst leaf-eating pest to ever invade Ontario has made her half-acre lot of 100 trees an oasis of greenery in this patch of Lennox and Addington County, which has been defoliated every June since 1982.

"If we could get more people interested, it wouldn't be that much of a problem," she says.

Last year, the 70-year-old housewife and grandmother collected $2,500 from 44 of the 74 landowners in Kaladar and hired a plane to spray 100 acres at the junction of highways 7 and 41 with bacillus thuringiensis (BT), a costly but non-toxic natural bacteria spray believed to kill only caterpillars.

This year, she is taking part in an $11.5-million provincial scheme to combat the gypsy moth, thereby making sure her part of the village will be covered with another dose.

Under the program by Ontario's Ministry of Natural Resources, private landowners in nine counties can pay to have their property sprayed. The costs range from $50 for two acres or less to $200 for 200 acres plus 50 cents for each additional acre.

The six weeks of spraying began this weekend, but not without mishap.

A helicopter spraying the area near Sharbot Lake lost power just after takeoff Sunday and dropped 10 feet into White Lake, five kilometres west of Sharlot Lake.

The pilot, James Standard, 29, of Chatham, Ont. was not injured and the helicopter, which was slightly damaged, was pulled from about 15 feet of water by a large crane, said Sharbot Lake provincial police.

Police said the spraying program is continuing in the area.

The gypsy moth's relentless march up the Ottawa Valley is like an annual summer sequel to a horror movie.

Officials expect the caterpillar to spread through 1.9 million acres this year, almost three times more than its path of destruction in the summer of

1985, which covered almost 608,000 acres.

By comparison, the area of infestation in Eastern Ontario in 1982 centred mainly around the Kaladar and Sharbot Lake area and covered slightly less than 50,000 acres.

Although the gypsy moth has been in Ontario at least since 1969 — and a severe problem in the eastern part of the province since 1981 — this is the first year the government has launched a wide-scale effort against it.

But officials admit their objective is not to stop it, but just to protect the hardwood trees from severe defoliation and death.

They also want to keep provincial parks as free as possible from the caterpillars.

The map of areas to be sprayed resembles a huge checkerboard, since only a small portion of private landowners are participating in the spraying program, says Alec Denys, co-ordinator of the program in Eastern Ontario.

"It'll probably spread. There's no way to control the infestation."

Denys's office in Tweed, 36 kilometres north of Belleville, looks like a military command headquarters with maps and charts all over the walls. He's throwing everything modern technology has got and environmentalists will allow into the fight against the hungry caterpillars.

Two military bases are being used in the aerial spray attack: the Canadian Forces Base at Trenton and an old National Defence airstrip at Taylor, just north of Gananoque.

The ministry has also built two new airstrips just to fight the gypsy moth: at Irvine Lake near Bon Echo park and Black River airstrip north of Madoc. The airstrip at Westport has also been enlarged at a cost of more than $350,000.

The new runways are needed to service 90 planes — 60 spray planes and 30 spotters — contracted to spray one million litres of BT (in a mix of 40 per cent BT to 60 per cent water) over forests, cottages and some municipalities. The crop dusters skim 30 metres overhead during the calmest times of the day — early in the morning or in evening — until the end of June.

Yet the spraying will cover only about one-tenth of the area where the moth is found.

"It's just too expensive to spray everywhere," says Alan Dolan, information officer for the province's gypsy moth program.

Timing the spray is extremely critical. More than a dozen entomologists from the Canadian Forestry Service are watching the woods for the eggs to hatch and will call the attack as soon as the caterpillars begin to eat the foliage.

Officials say it's too early to predict what the gypsy moth will do next year. But they fear it will continue to multiply, eating its way to the treeline and making the lives of thousands miserable and costing the tourism and forestry industry countless millions of dollars.

The four Eastern Ontario counties where damage is most severe — Hastings, Frontenac, Lennox and Addington, and Leeds and Grenville — will probably always have a gypsy moth problem until a natural predator or parasite is found to keep it under control, Denys said.

It will also continue to worsen in the other five counties participating in the spray program — Lanark, Renfrew, Peterborough, Northumberland and Prince Edward.

What the ministry calls "hot spots," or heavily infested areas, are beginning to speckle the upper Ottawa Valley in such places as White Lake and the Calabogie areas. Researchers are concerned that Algonquin Park and the Gatineau Hills, as yet virtually untouched, are prime targets.

"It's definitely at the fringes of Algonquin Park and in Pembroke," says Al Schmidt, chief of Agriculture Canada's entomology plant health division.

But nothing is being done to stop it, he adds. "It's one of those things people are going to have to learn to live with."

In 1982, the Ontario government called off plans to spray a deadly outbreak of caterpillars near Kaladar because the local municipal council voted against the program.

The council had originally agreed to the aerial spraying of the chemical Sevin, a commercial name for the chemical insecticide carbaryl, still used in insect sprays sold in hardware stores.

But scientists' warnings — which were later proved to be unfounded — that the chemical had been linked to Reye's Syndrome in children, and the fact that Sevin also kills bees and other insects, stirred up a strong public protest in the moth-infected communities.

/9274
CSO: 5420/74

BRIEFS

SWISS AID BLACK POD RESEARCH--The Agro Division of Sandoz, a Swiss based firm has presented 30,000 Swiss francs (approximately 15,000 U.S. dollars) to the Ghana Cocoa Board towards research into the black pod disease. Mr Paul Schneider, marketing manager of the division presented a cheque for the amount of Mr Harry Dodoo, Chief Executive of the Ghana Cocoa Board at Cocoa House last Friday. Mr Schneider said he had stayed in Ghana before and was very familiar with the cocoa industry. He said that he had followed the efforts being made by the Government and the COCOBOD to check diseases and pests in the industry. Mr Harry Dodoo thanked Mr Schneider and expressed the board's gratitude to Sandoz for responding to their appeal for help. [Text] [Accra GHANAIAN TIMES in English 3 May 86 p 3] /9274

CSO: 5400/129

BRIEFS

VIDEO TAPE DOCUMENTARY PRODUCED ON CEDROS WILT DISEASE--A video tape documentary on Cedros Wilt disease is being produced at the Guyana Film centre by trainees attending a four week video production workshop. Cedros Wilt is a crippling disease that has infected coconut palms in regions 4, 5 and 6. The video tape which is almost complete will be shown to farmers around the country in an attempt to educate them about the disease. The tape features several agricultural experts including Senior Agricultural Officer in the Ministry of Agriculture Raymond Trotz, Regional Plant Protection specialist Chelston Braithwaite and coconut specialist Dr Revelo. The tape was filmed at Springhall Estate one of the largest coconut estates in Guyana. It shows the extent of the damage done by the disease. Springhall is one of the most seriously affected estates. The workshop is being sponsored by the Ministry of Information in collaboration with Martha Stuart Communications firm of New York. The first phase of the workshop was held in October of last year and it lasted for two weeks. The second phase now being conducted at the film centre is aiming to produce several tapes that will serve as development aids to farmers. The subjects include biogas production, pig feed, improvement of standards and cottage industries. Lecturer David Tedeski said that the first phase introduced the trainees to video production. The second phase will train them in advanced production and editing. [Text] [Georgetown GUYANA CHRONICLE in English 1 Apr 86 pp 4-5]/12828

CSO: 5440/084

PREPARATIONS IN SOUTHEAST FOR ARRIVAL OF AFRICAN KILLER BEES

Mexico City EXCELSIOR in Spanish 25 Feb 86 STATES section p 3

[Text] JALAPA, Veracruz, 24 February--In Veracruz, as in the whole southeastern section of the country, plans are moving ahead to attack the African bee which has now been found along the Honduran-Guatemalan border. So stated the state director of livestock Management, Pedro Rivera Pavon, who considered it necessary to protect all apiaries in the country.

Similarly, he indicated the concern that troubles both the authorities and the Mexican beekeepers as they confront the imminent invasion of the [bee] plague into national territory. He explained that the African bee has severely damaged honey production in countries such as Brazil, which has seen a 70 percent reduction in its productivity.

Rivera Pavon also reported that in Veracruz they must protect apiaries because the state is today producing more than 10,000 tons of honey, which represents an important contribution to the national economy, given that the product is exported to the United States and Europe with the consequent receipt of hard currency.

He explained also that on this coming 8 and 9 March, a regional convention of apiarists will be held for the primary purpose of bringing beekeepers up to date on the modern methodology of this important activity.

He also announced that the state government has put into service a modern laboratory in which more than 40 million pesos have been invested. These installations are considered to be among the most modern in the world. They are located in the town of Banderilla and are under the direction of a veterinarian and biologists from the Office of Livestock Management.

Finally, he reported that the first 13,000 traps for catching bees have been installed along the Guatemalan border with the objective of quickly detecting the arrival of the African bee into national territory. This will allow for immediate action to be taken against the plague.

13106/12951
CSO: 5400/2043

OVER 6000 HECTARES OF SUGAR CROP THREATENED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 12 May 86 p 1

[Text]

Ramu Sugar directors are in Port Moresby for a crisis meeting tomorrow.

Topping the agenda is a major life-saving exercise designed to save the company, whose 6000 hectares of sugar are threatened by an unknown disease dubbed the Ramu Stunt.

Acting general manager Trevor Ellis said the board meeting — to be attended by the management team Booker's managing director, Barry Newton — would look at a life-saving plan to see the company through the bleak period until new plantings yielded the expected level of sugar production sometime next year.

Mr Ellis and other company officials were tight-lipped about the possibility of retrenching some of the 3000 workforce

But he did say that all available manpower would be put through "intense activity" for the rest of the year to plant another 3000 hectares of disease-resistant cane to replace those affected by Ramu Stunt.

Mr Ellis said the company hoped the Government would decide today to allow Ramu Sugar to import up to 10,000 tonnes of sugar from overseas to meet the domestic demand and so enable the company to meet its 10,000 tonne US export quota, which is worth K4 mil-

the experts are puzzled.

Sugar production at the Ramu Valley mills will drop from an expected annual production of 32,000 tonnes to 14,000 tonnes this year, according to company officials.

The company hopes to produce up to 40,000 tonnes of sugar in 1987 when full production is restored.

Most of the disease-resistant varieties already planted are growing well.

The company, since beginning operations in the Ramu Valley several years ago, has had to contend with more than one disease.

This is mainly due to the proximity of the Ramu River, according to company officials.

Many insects live along the banks and feed on wild canes and then move on to the cultivated sugarcane.

Several other varieties have been affected.

The company is cutting down the rest of the Ragnar variety not yet affected and putting it through the mills to get whatever sugar is left — even though May is not the usual harvest month.

lion in foreign exchange to PNG.

More than 3000 hectares of a Fiji sugarcane variety, known as Ragnar, have been destroyed by the disease in a very short time — between January and March this year.

Ragnar was the company's most promising sugarcane, which yielded over 10,000 tonnes of sugar when the Ramu Valley operations got underway in 1982. Expert sugarcane growers were tempted into planting more of the variety than any other.

Now, it has turned against the giant British company, Booker Agricultural International, which manages the project.

Samples of the disease-affected Ragnar cane have been sent to the Bureau of Sugar Experiment station in Brisbane, which does a lot of tests for Queensland cane farmers. But plant pathologists there cannot detect the cause of the disease.

Samples were also sent to the Commonwealth Institute and Booker's own laboratories in London.

/9274
CSO: 5400/4381

DESPITE RUST DISEASE, COFFEE LOSSES LIMITED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 12 May 86 p 3

[Text]

Papua New Guinea will lose only two per cent of coffee production this year because of rust — but the disease is here to stay.

Two British world authorities on Saturday told Prime Minister Mr Wingti that coffee growers would have to learn to live with the rust.

And a senior Primary Industry expert said his department believed only K4 million of coffee would be hit, but this had to be confirmed later this week.

He added that spraying would be markedly cheaper than initial projections.

Mr Wingti yesterday completed a whistle-stop tour of Western Highlands, where the rust is most severe.

Mr Wingti — Western Highlands' first prime minister — was visibly relieved on Saturday as Primary Industry officers painted the coffee rust picture.

The rust is concentrated in the Baiyer valley, where the torrent-like river carves a mighty swath.

As Mr Wingti studied a map at Kuk Agriculture Research Station, he saw only three isolated outbreaks had been reported in Jimi Valley, two more in Chimbu and a slightly worse situation in Enga.

"It's extending outwards, depending on the movement of people," said Primary Industry secretary Noreo Beangke, "but it's nothing that cannot be contained."

He said it took between four or five weeks for coffee rust to appear and checks by the 40 DPI inspectors were continuing.

The isolated outbreaks had been found off the roads and that indicated the disease was being carried on villagers' clothes and footwear.

One of the British experts flown in from London last week to oversee operations said coffee rust could have been in the Baiyer valley for a year.

Dr Peter Turner, a plant pathologist, said: "It is unlikely many more incidents will be reported because of the amount of time the rust has been in the valley.

"People must get used to spraying coffee trees regularly and tending them properly.

"Many villagers have not looked after their trees and they are the ones who seem to have been hit worst."

Mr Wingti was given an afternoon tour of the Baiyer valley by Primary Industry's resident plant pathologist, Dr Muthappa.

He was shown various stages of coffee rust, the disease becoming markedly worse the further into the valley they ventured.

Mr Wingti showed some sympathy for the growers who, despite fears to the contrary, were more philosophical than angry at the situation.

There was little talk of compensation until Mr Wingti met a crowd of 60 people at Baiyer government station.

Mr Wingti was asked how the people would survive without money, despite the many vegetable gardens in the region.

The Government, said Mr Wingti, would not entertain any form of compensation but would provide funds to combat coffee rust and keep it in check.

"Rehabilitation is the key," said Dr Turner. "A lot of coffee trees will have to be rejuvenated and you never know, this rust may eventually increase production."

Dr Turner and Dr Jim Waller will be in the Highlands for a week giving their expert advice to Primary Industry officials.

Mr Wingti took a helicopter flight over the country's largest plantation, Michael Mel's Gumantz Plantation where only a little rust has been found, and Wally Perdacher's coffee land, which will eventually be the largest in the Southern Hemisphere.

Mr Wingti met all the Highland premiers and coffee industry representatives with Primary Industry Minister Mr Okuk on Saturday at Hagen Plaza in a forum to thrash out ideas on how to combat the disease.

/9274
CSO: 5400/4381

SHADE TREE INFESTATION THREATENS COCOA CROP

Port Moresby PAPUA NEW GUINEA POST COURIER in English 16 May 86 p 4

[Text]

THE Primary Industry Department has admitted that "leucaena psyllid," a bug that is destroying cocoa shade trees in the New Guinea Islands region, is a much worse threat than first reports indicated earlier this week in a Post-Courier article.

The department confirmed yesterday shade trees in the North Solomons, East and West New Britain, New Ireland, Manus, and now in Morobe, East and West Sepik, Madang and Northern provinces, were being destroyed.

And when the leucaena trees die, young cocoa plants are exposed to the sun. If not protected, they die. This could spell disaster for the cocoa industry.

But while trees have been dying all over cocoa-growing regions, DPI officials have kept a very tight lip. Had it not been for the Post-Courier report, the public would still know nothing about the crisis in the industry.

The bug is here, so now let's start the fight to either control or contain it. DPI can start the ball rolling by mounting an awareness campaign in cocoa areas on how to identify and control the pest.

If nothing is done now, coffee, which is now under threat from coffee rust, cardamon, and other crops also using the leucaena as shade trees, could also be threatened.

/9274
CSO: 5400/4381

ELIMINATION OF WINTER-SPRING PESTS, DISEASES URGED

Hanoi NHAN DAN in Vietnamese 17 Mar 86 pp 1, 4

[Article: "Use Many Combined Measures To Prevent and Eliminate Diseases Harming Winter-Spring Rice"]

[Text] The northern provinces have nearly completed the planting of spring rice. In many localities the early spring rice is tillering and taking root. The rice transplanted late or replanted after the cold spell is taking root and turning green. Due to a lack of water, and because it was planted when the weather was very cold, some of the spring rice on high-lying fields has turned red and wilted. The main planting of winter-spring rice in the southern provinces is blooming and the late rice is tillering and heading. The eastern Nam Bo provinces are continuing to plant winter-spring rice. In general, in all three regions rice-harming diseases are developing strongly. About 35,000 hectares of rice in the Mekong Delta and 10,000 hectares if the central coastal provinces are affected by leaf folders. Stem borers and rice blast have also appeared in many rice plantings. In the Mekong Delta more than 8,000 hectares in the Mekong have been highly infested by stem borers, and more than 20,000 hectares have been infested by "phao" insects. In Nghe Tinh Province 6,000 hectares of rice are affected by rice blast.

Rice hispa, brown leafhoppers, and leaf folders are tending to increase and rapidly spread on the early rice plantings.

At present, the localities are shifting their emphasis to tending, fertilizing, and protecting the winter-spring rice. But there are serious shortages of fertilizer and insecticides. By the end of February the localities had supplied only 615,000 tons of standard nitrogen fertilizer, which fulfilled only 75 percent of the production requirements. In the north, only 62 percent of the requirements for nitrogen fertilizer for supplementary application were met, and only one-third of the requirements for insecticides to prevent and eliminate insects and diseases which harm fifth month-spring rice were met. Under the circumstances of lacking chemicals, the localities are organizing the inspection of fields, the close monitoring in changes regarding the various kinds of insects and diseases, and the implementation of many combined measures for timely prevention and elimination. In Cho Moi District (An Giang Province) more than 4,000 hectares of winter-spring rice which was about to boot and head were damaged by insects. The district helped the production collectives and peasants to apply many prevention and elimination measures and achieved good results. Dong Thap Province prepared facilities and chemicals, implemented manual prevention and elimination measures, and promptly saved tens of thousands of hectares of rice from leaf folders, rice armyworms, and stem borers.

The weather is warm. In addition to tending and fertilizing the winter-spring rice the localities must closely monitor the weather and insect-disease situations in order to promptly fight drought, eliminate insects and diseases, protect crops,and attain high and uniform productivity and yields in all fields and rice plantings.

5616
CSO: 5400/4364

COOPERATIVE DIRECTORS' COMMENTS ON INSECTICIDE DISTRIBUTION

Hanoi HANOI MOI in Vietnamese 27 Mar 86 p 3

[Text] Insecticide Supply Procedures for High-Yield Corn Regions Must Be Changed

"In addition to rice transplanting, Sen Chieu Cooperative has sowed, for this spring crop, 50 hectares of corn, including 30 hectares of a high-yield variety. The planting schedule was closely observed, and high-yield corn grew beautifully. Unfortunately, all 30 hectares of this variety was recently plagued by an epidemic of cirphis salebrosa. We have mobilized all available members to catch the insects but little was achieved. The season was extremely dry, and rain was scarce, slowing the growth of the plants, although we have tried to provide sufficient water for the plants with a combination of shoulder-carrying, pumping, and bailing out water. If we had more insecticides, particularly "dip-te-rec," to spray the plants, the effect would be twofold: insects would be eradicated, and the spraying would be a stimulant for good development of the plants.

Generally speaking, insecticide supply is not rational when an epidemic bursts out. According to current procedures, the cooperative must send a person to make a report to the district crop-insurance corporation which, in turn, dispatches a cadre to conduct an on-the-spot inspection. Then the cadre must make a recommendation to the insurance corporation's leadership whose approval is needed for the distribution of insecticides. The whole process takes at least 3 days, and in certain instances, as many as 5 days, while insects can cause considerable damages in just 1 night. We suggest that insecticides be distributed in advance to cooperatives which will be responsible for their storage and maintenance. When an epidemic is reported, the insurance corporation would send a vegetal protection cadre to make an on-the-spot check, and immediately allow the spraying, if the report is confirmed. If retained, this procedure is simpler and may be more effective."

Nguyen Ngoc Nhu
Director, Sen Chieu Cooperative

"For the current winter-spring crop, Cam Dinh Cooperative has sowed 200 hectares of corn, of which the main crop took 154 hectares. We are building a high-yield corn region of 74 hectares, and expect an output of 5 to 7 tons per hectare. In our cooperative, main-crop corn in general and high-yield corn in particular are suffering from a severe drought. The people have made every effort to water the plants with shoulder-carried water, but results have been limited. We tried to overcome the problem by using a diesel pump to pump water from a pond belonging to a neighboring cooperative but had to stop when diesel fuel ran out. The fuel was used very sparingly, but we were given only 500 kg of the 4,000 kg specified in the plan. In addition to drought, our corn was damaged first by black cutworm, and now, by aphis sp. and cirphis salebrosa. To fight black cutworms, we mobilized cooperative members to catch them by hand and got good results. But hand-catching cirphis salebrosa and black cutworms was marginally effective. We need insecticides. According to the plan, we will be allocated 2,000 kg for the entire season, but so far, only one-tenth, 200 kg, has been distributed. This is a time when the young high-yield corn plant is burgeoning and badly needs watering. It is also the time the plant is customarily attacked by insects and affected by diseases. Therefore, we suggest that the state supply us, in a timely manner, with enough material supplies as specified in the plan."

Le Hong Cam
Director, Cam Dinh Cooperative

9458/9435
CSO: 5400/4367

NOTICE CALLS FOR ACTION AGAINST INSECTS, DISEASES

Hanoi HANOI MOI in Vietnamese 17 Apr 86 pp 1, 4

[Emergency notice issued by the Hanoi office of the Plant Protection Department: "Some Insects and Diseases Doing Harm to Fifth-Month and Spring Rice Crops"]

[Text] At the present time in many localities the fifth-month rice plants are in boot and are about to head. The NN-8 spring rice plants show early heading, with their growth being at a standstill. Some insects amd diseases, which have appeared and will appear, are capable of causing serious damage:

- Brown planthopper (Nilaparvata lugens) and rice planthopper (Sogata pallescens): The first swarm has appeared and gathered on the early fifth-month and spring rice plants at a high rate of 60-150 insects/square meter, with the full-growth age being 4-5. The possibility is for the second swarm of the insects to appear in large numbers between 20 April and early May (2-6 May), with the same density rate, and to harm the 314, 424, and NN-8 early fifth-month rice varieties in many localities.

- Rice stem borer (Scirpophaga incertulas): The first swarm of young insects is causing wilting at a high rate (.1-.5 plants/square meter), much higher than the previous spring season and nearly the same as the spring crop of 1984, with eggs continuing to hatch. The possibility is for the second swarm to be 2-3 times more numerous than that in 1985 and to cause the serious condition of rice ears turning white among the rice plants that will head after 20 May.

- Rice blast (Piricularia oryzae): It has appeared in many localities, with the rate of incidence being 70 percent; the degree of seriousness, 3-4; and the weather, seldom sunny, mostly cloudy, with high humidity. The damage will be greater if nitrate fertilizer is applied. From the beginning to the middle of May, if it is cool and there is rain, the disease will appear on the tips of rice ears as it did in the 1984 spring season.

In addition, pay attention to leaf folders, rice mealy bugs, rats causing damage to rice crop, leaf-eating caterpillars now causing damage to peanut and tobacco, and tobacco bud worms.

Districts, towns, and villages are urged to:

1. Take measures to let cooperatives properly carry out some general preventive action against some specific insects by:

- Stopping the application of nitrate fertilizer to rice plants and maintaining enough water for the NN-8 variety and glutinous rice crops, thus limiting the incidence of rice blast and kho van (Aphelenchoides oryzae) and the harm caused by leaf folders and brown planthoppers at the end of the crop season.

- Cutting all the wilted parts of rice plants caused by stem borers in all rice crops before 30 April, or early May at the latest. Using nets to catch insects of all kinds.

- Using insecticide to prevent and control pockets of rice blast infection and brown planthoppers, as well as other harmful insects.

2. Accurately investigate the second swarm of planthoppers as mentioned earlier, and prevent and control in time ray cam T1-2-3 and other harmful insects, and rats.

3. Let insecticide be supplied by localities on an urgent basis upon showing of coupons and maintain strict management of fertilizers in favor of cooperatives while preparing for each phase of preventive and control work and in accordance with the degree of damage caused by insects and diseases.

4. Due to the effects of the heavy rain in the morning of 15 April, the rice silver-leaf disease (Xanthomonas oryzae) can appear among the NN-8 rice plants. Pay attention to preventive and control measures and stop the application of nitrate fertilizer.

5598
CSO: 5400/4371

AGRICULTURAL ACTIVITIES IN NORTH, SOUTH REPORTED

Hanoi QUAN DOI NHAN DAN in Vietnamese 11 Apr 86 pp 1, 4

[Article: "The North Continues to Prevent, Control Pests To Protect Rice Until End of Season; the South Harvests Winter-Spring Rice, Engages in Summer-Autumn Planting"]

[Text] [VNA]—As of now, nationwide 1,808,410 hectares of winter-spring rice have been sowed and transplanted, attaining 99.4 percent of plan in terms of acreage--a 4-percent increase over the same period last year.

In the north, the localities have sowed and transplanted 1,043,236 hectares--0.5 percent less than the same period last year. Rain and vigorous anti-drought activities of cooperative members notwithstanding, large rice areas in some provinces have still been affected by drought, including 17,000 hectares in Ha Bac, 15,000 hectares in Ha Nam Ninh, 14,000 hectares in Thanh Hoa, 13,000 hectares in Ha Son Binh, 12,000 hectares in Nghe Tinh, and 10,000 hectares in the Hanoi suburbs. These localities have rationally and prompted availaed themselves of electricity furnished by the electric sector, supplied more fuel to mechanical pumps, made the most of natural water conservancy facilities, and used buckets to bring water into the fields to nurse rice-plants. Last week, pest-affected rice areas had increased nearly 60,000 hectares over the preceding week, mostly in Binh Tri Thien, Thanh Hoa, Nghe Tinh, Ha Nam Ninh, and Thai Nguyen provinces. These localities have sprayed insecticide while eliminating harmful insects manually and caring for the rice. Haiphong has battled drought on 3,000 hectares of rice and launched the second and third weeding drives on 90 percent of rice areas. Ha Nam Ninh Province has inspected the fields, classified them according to the degree of damage, and devised appropriate nursing procedures. Ha Nam Ninh Province where 70 percent of ricefields are covered by wholesomely grown plants, has conducted the second weeding and puddling drive on all rice areas, and is being engaged in the third fertilization drive, getting ready to apply phosphate fertilizer to fight root-suffocation disease.

Localities in the south have sowed and transplanted 765,180 hectares of rice--a 10.6-percent increase over the previous crop. They have begun to harvest on large areas, showing a moderately high yield. Cuu Long, Tien Giang, and Guang Nam-Da Nang provinces have almost completed gathering the winter-spring rice.

Bending over backward, these localities have plowed and hoed more than 240,000 hectares and sowed and transplanted summer-autumn rice on more than 35,000 hectares.

END

9213/12851
CSO: 5400/4370

JPRS-TEP-86-015

2 JULY 1986

Worldwide Report

EPIDEMIOLOGY

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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JPRS-TEP-86-015

2 JULY 1986

WORLDWIDE REPORT

EPIDEMIOLOGY

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BAHAMAS

BRIEFS

AIDS STATISTICS--Aids is on the increase among cocaine addicts, because addicts will do anything--including homosexuality and prostitution--for a "hit." "Evidence," said Dr Perry Gomez Thursday, ""is suggesting that cocaine addiction is playing a role in the spread of this illness here, because a cocaine addict, a freebasing addict, who has to get his hit, will do anything to get money to get a hit and that anything includes homosexuality and prostitution." Dr Gomez addressed the Rotary Club of West Nassau today on the problem of "AIDS" in the Bahamas. "Last year we started screening for AIDS in October," said Dr Gomez. "The results for 1985 were 56 victims. In the first three months of this year there were 52 victims--32 of them were Bahamians and 20 Haitians. Of the Bahamians there were 19 males and 13 females. Of the Haitians there were 12 males and eight females." [Excerpt] [Nassau THE TRIBUNE in English 9 May 86 pp 1, 4] /9274

CSO: 5440/087

BRIEFS

22 AIDS DEATHS--According to a WHO report, 22 people have died of AIDS in the state of Sao Paulo since June 1983. This state has registered the most cases of AIDS in the country: 520 since July 1982. The state of Rio de Janeiro is second with 103 cases out of which 71 people died. According to Brazilian Health Ministry statistics, the group most affected by AIDS are homosexuals or bisexuals (50 percent of cases) and second are hemophiliacs. [Summary] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Jun 86 p 9 PY] /6662

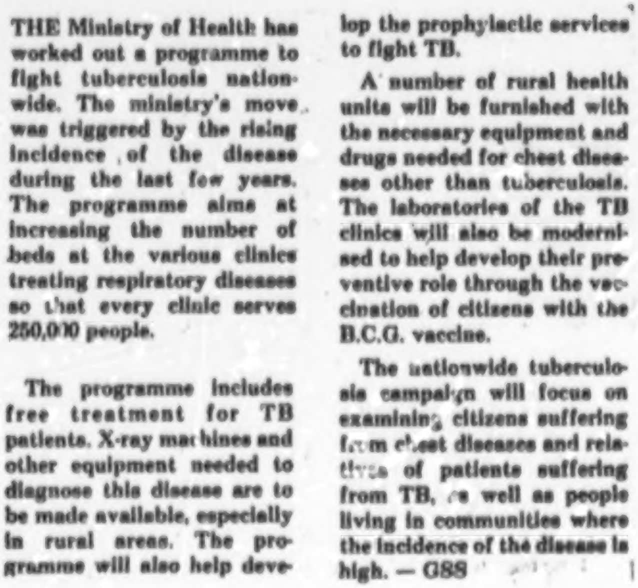
CSO: 5400/2070

EGYPT

CAMPAIGN TO COMBAT TUBERCULOSIS

Cairo THE EGYPTIAN GAZETTE in English 16 May 86 p 2

[Text]



THE Ministry of Health has worked out a programme to fight tuberculosis nationwide. The ministry's move was triggered by the rising incidence of the disease during the last few years. The programme aims at increasing the number of beds at the various clinics treating respiratory diseases so that every clinic serves 250,000 people.

The programme includes free treatment for TB patients. X-ray machines and other equipment needed to diagnose this disease are to be made available, especially in rural areas. The programme will also help develop the prophylactic services to fight TB.

A number of rural health units will be furnished with the necessary equipment and drugs needed for chest diseases other than tuberculosis. The laboratories of the TB clinics will also be modernised to help develop their preventive role through the vaccination of citizens with the B.C.G. vaccine.

The nationwide tuberculosis campaign will focus on examining citizens suffering from chest diseases and relatives of patients suffering from TB, as well as people living in communities where the incidence of the disease is high. — GSS

/9274
CSO: 5400/4606

EGYPT

BILHARZIA STUDY: HIGH CANCER RATE AMONG FORMER PATIENTS

Cairo THE EGYPTIAN GAZETTE in English 9 May 86 p 2

[Text]

One-third of the total number of people suffering from cancer of the bladder in Egypt have been previously infected with a form of bilharzia. In addition to bladder cancer, other complications of bilharzia include gall stones, the enlargement of the spleen and cirrhosis and enlargement of the liver.

The results of a comprehensive study undertaken by the Field and Applied Research Centre, affiliated with the Ministry of Health, in 70 villages located throughout eight governorates in Lower Egypt, indicate that in 1960, the percentage of people afflicted with intestinal bilharzia was nine per cent and those suffering from urinary bilharzia was 60 per cent. In 1977, the figures were 41 per cent and 27 per cent, respectively, and, during the last few years, the prevalence of intestinal bilharzia has increased to 61 per cent and urinary bilharzia has decreased to 25 per cent.

Dr. Mohamed El-Alami, Chairman of the Centre, said that the great reduction in the incidence of urinary bilharzia is due to the increased use of insecticides and phosphoric chemicals which seep into water sources and kill the hookworms and larvae which transmit urinary bilharzia.

Dr. El-Alami added that a section of the survey was devoted to determinating the extent of the prevalence of hookworms and their larvae in 94 kilometres of waterways in the areas and found a vast increase in the number of these disease-transmitting parasites.

The Ministry of Health has prepared a comprehensive plan to combat the spread of bilharzia throughout the country and has obtained the funds necessary to finance the project from the International Bank for Reconstruction and Development (IBRD) and the African Bank for Development. Initially, the project will be undertaken in governorates in Upper Egypt and the Suez Canal and certain governorates in Lower Egypt. GSS

/9274
CSO: 5400/4606

GUYANA

BRIEFS

IMMUNIZATION PROGRAM--A seven-member medical team from the Ministry of Health in Region Six will today travel up the Canje Creek to launch an immunisation programme for school children, farmers and residents of the riverain district. The health team which will be led by Regional Health Officer, Dr F. Florendo will also visit Berbice River communities to continue the immunisation exercise. The programme will start at Takuba and Barakara up the Canje Creek on the first day and then move to the Berbice River communities where the health team will spend three days giving inoculation against tetanus and polio. During the visits the team will also hold discussions with residents and plan medical programmes for each community. [Text] [Georgetown GUYANA CHRONICLE in English 22 Apr 86 p 5]

CSO: 5440/088

HONG KONG

QUESTION OF BEST HEPATITIS VACCINE UNDER REVIEW

Hong Kong SUNDAY MORNING POST in English 27 Apr 86 p 9

[Article by Vicky Wong]

[Text]

HONGKONG should consider switching to a different hepatitis B vaccine for immunisation since the effectiveness of the product now used is in doubt in the light of recent overseas findings.

This is the opinion of a scientist from the vaccine division of the world-renowned Pasteur Institute in France who was in Hongkong last week to organise the territory's first international symposium on hepatitis B, set for June.

The institute, a research organisation run by the French Government, developed the first hepatitis B vaccine to be marketed in the world and was also the first to identify the AIDS virus some years ago.

Hongkong spends $3.5 million a year to conduct a mass screening and immunisation programme at all government and subvented hospitals and clinics to identify and vaccinate new-born infants at risk of contracting hepatitis B from their carrier mothers.

Hepatitis B, a viral disease which attacks the liver, poses a serious health threat in Hongkong, where 50 per cent or more of the population either suffer from or have been infected by the virus.

Studies show that 11 per cent of all women who give birth here are carriers of hepatitis B. Of about 80,000 babies born every year, up to about 8,000 can be expected to contract the infection before they are five months old. Most will become carriers in their turn, spreading the disease further through the community.

More disturbing is that 25 per cent of these carriers can be expected to die from liver disease or cancer later in life.

Hepatitis B accounts for 80 per cent of the incidence of liver cancer and two-thirds of the cases of cirrhosis of the liver in Hongkong — both major killers here.

The mass immunisation programme was started in 1983 in a bid to stop the chain of transmission to the new-born at a time when they are most vulnerable to infection.

At present, the vaccine used in Hongkong's public immunisation programme comes from the American drug firm Merck Sharp and Dohme (MSD). Its major competitor is another vaccine developed by the Pasteur Institute which is also licensed for sale here, although not used by the Government.

A third vaccine, from the Dutch Red Cross, has become commercially available in the Netherlands and in Thailand for a few months and has not been licensed for use here.

According to Dr Nora el Goulli from the vaccine division of the Pasteur Institute, many countries in Europe which were using the MSD vaccine are now considering switching to the French one following disturbing findings on the efficacy of the American product from several international studies.

"At the beginning, the MSD and Pasteur Institute vaccines showed similar results, but you have to have long experience to know what is going to be effective," she said. "Ten years of clinical experience have shown consistent failures with the MSD vaccine and no such failures with the French one."

Among the studies Dr el Goulli cited is one conducted by America's Centre for Disease Control in Atlanta. This showed that the persistence of antibodies (substances formed in the body to combat hepatitis B as a result of vaccination) in healthy adults given the American vaccine did not last more than three years for half of those immunised. Some of those vaccinated also subsequently became infected with hepatitis B.

Another study on haemodialysis patients followed 500 patients vaccinated with the MSD product and 500 in a control group not given any immunisation for 2½ years. The researchers found the same rate of hepatitis B infection in the control group as in the vaccinated group.

A comparable study done on the French vaccine among haemodialysis patients found that none of them developed the infection.

Another study conducted by independent researchers followed 600 people given the French vaccine and found that 97 per cent still had antibodies six years after immunisation. None developed hepatitis B infection.

"It would be a wise choice for Hongkong to switch from the American to the French vaccine. I'm sure that if Hongkong medical staff have a chance to handle both, they will see for themselves that the French vaccine is more effective. This is what is happening right now in Europe, in Switzerland, Spain and Germany," Dr el Goulli said.

Local health officials, however, are unlikely to switch to the French vaccine based on the limited data currently available.

"There're no plans to consider switching vaccine," a government liver specialist said. "In many ways, the MSD vaccine is superior based on local data, although we do accept the fact it may not be very good in dialysis patients."

/9274
CSO: 5440/086

HONG KONG

BRIEFS

AIDS VICTIMS' IDENTITIES--The plight of AIDS carriers heads the list of Legco questions Unofficials plan to put at Wednesday's meeting. Mr Tai Chin-wah will ask what information and assistance the Medical and Health Department gives to families of AIDS victims. Earlier this month the department confirmed there were 53 probable carriers of the acquired immune deficiency syndrome virus in Hongkong, including 15 haemophiliac schoolchildren. The department has pledged to keep the identities of all potential AIDS carriers secret, even from the schools young haemophiliacs are attending. Mr Tai plans a second question on what precautions the department has taken to prevent carriers being identified, citing excessive media interest in the cases of individual AIDS victims. [Excerpt] [Hong Kong SOUTH CHINA MORNING POST in English 19 May 86 p 18] /9274

FIRST CHOLERA REPORT--A 40-year-old man is being treated in a Kowloon Government hospital for cholera--the first case reported this year. The Kun Tong man was admitted on Tuesday with diarrhoea and vomitting. He was confirmed as a cholera case yesterday and is in a fair con dition. Officials think the man may have contracted the disease while he was in China recently. Medical and Health Department officials visited the man's home to give his wife and two children a medical examination and preventive drugs. The premises were also disinfected by Urban Services Department staff. The last reported cholera case was in September. A Medical and Health Department spokesman said there was no need to declare Hongkong a cholera-infected area because there was no evidence of it spreading. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 23 May 86 p 1] /9274

CSO: 5450/0148

FIRST CASES OF AIDS REPORTED

Budapest KEPES 7 in Hungarian No 1, 1986 p 8

[Translation by British Embassy, Budapest]

[Text] At the beginning of April there were forty-five patients in Hungary infected by AIDS. 22 of them are children who suffer from hemophilia and have been infected by imported medicines, another 22 homosexual men are registered and a woman who is the partner of a man suffering from hemophilia informed us dr Adam Vase, head of department, Minister of Health. The first patient was discovered at the beginning of last August. Since then Hungary has joined the WHO-centre and we have been abliged to supply them with information on the number of the patients infected by AIDS.

In the Laszlo Hospital a special department was opened for those infected by AIDS. At the moment none of them is in the hospital yet. In the 73 countries providing the world organization data 20,000 patients infected by AIDS have been found and since the recognition of the disease, 1981, half of the patients infected has died. So far nobody has died in Hungary from AIDS; only one man infected by AIDS committed suicide. The ministry has worked out a programme on prevention but the number of patients to be infected by AIDS will be likely to increase.

/12828
CSO: 5400/3022

CENTER EVOLVES STRATEGY TO COMBAT AIDS

Strategy Described

New Delhi PATRIOT in English 18 May 86 p 5

[Text]

The Government has formulated a comprehensive national strategy to detect and control acquired immuno-deficiency syndrome (AIDS), the disease that has aroused world-wide concern, reports PTI.

The strategy, which has been formulated following detection of six AIDS cases in Madras, envisages setting up of more than 25 surveillance centres with at least one in each State, Prof. V Ramalingaswami, director-general of the Indian Council of Medical Research (ICMR) said.

He said the centres were being set up in Chandigarh, Srinagar, Delhi, Shimla, Lucknow, Jaipur Patna, Calcutta, Guwahati, Shillong, Bhubaneswar, Jabalpur, Bhopal, Ahmedabad Bombay, Nagpur, Pune, Panaji, Trivandrum, Madras, Vellore, Pondicherry, Hyderabad and Bangalore. Some of these have already been started.

In addition, Prof Ramalingaswami said four referral centres, two in Delhi and one each in Vellore and Pune, were also being set up to confirm the findings of the surveillance centres.

The referral centre would be having enzyme-linked immuno solvent assay facilities which is sensitive test for detecting AIDS antibodies, he said.

He said the symptoms of AIDS were swollen glands of pink or purple colour, flat or raised blotches or pumps inside the mouth, nose and eyelids, unexpected weight loss of more than 10 pounds in less than two months, unexplained fever for more than a week, night sweat, persistent dry cough and diarrohea which is not explained by other causes.

Prof. Ramalingaswami said the government had also decided to supply imported kits to all states for detecting AIDS.

He said training would be given to medical officers and laboratory personnel. Microbiologists would be trained to carry out enzyme-linked, solvent assay (Elisa) test at the National Institute of Virology at Pune and at the Vellore 'CMC' Hospital. Scientists would also be sent abroad for training in a more refined test called "Western Blot."

ICMR deputy director-general Dr S P Tripathi, said the council had set up a cell at the Madras Medical College (MMC) where the first cases of 'AIDS' in India were detected. The MMC would soon develop into a major centre, he said.

Dr Tripathi said a national campaign to create public awareness of the disease would be launched by the Central Health Education Bureau. The National Institute of Communicable Disease and the ICMR had also brought out booklets on the subject.

As both AIDS and Hepatitis are transmitted the same methods, Hepatitis-B testing should be mandatory for blood donors as such testing prove useful for AIDS tests, he said.

The ICMR director general said the government was also considering a proposal that all blood donations should be screened for AIDS well as Hepatitis-B virus.

Dr Pradeep Seth, associate professor, Department of Microbiology, All India Institute of Medical Sciences said that the institute was examining the AIDS virus in the six women of Tamilnadu to find out whether they had the American Type AIDS virus or African type AIDS virus, though both belong to the same family.

Dr Seth said "It is the virtual certainty of death from AIDS, once the syndrome has fully developed, that makes the disease so dreaded along with the uncertainty of nearly everything else about it."

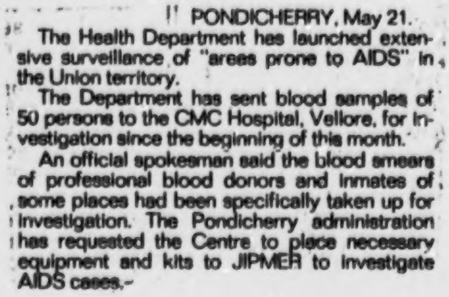
He was of the view that Indian conditions may promote the disease. Among these are the presence of faeces in drinking water, the use and reuse of unsterilized needles in many small clinics

Referring to various AIDS antibodies tests, Dr Seth said the tests have created a few problems of their own. Because they merely detect the presence of antibodies to AIDS (which proves only that exposure has occurred) they cannot determine if a person currently has the live virus, or if he is capable of spreading it or if he is likely to develop the disease.

Surveillance in Pondicherry

Madras THE HINDU in English 22 May 86 p 12

[Text]



PONDICHERRY, May 21.

The Health Department has launched extensive surveillance of "areas prone to AIDS" in the Union territory.

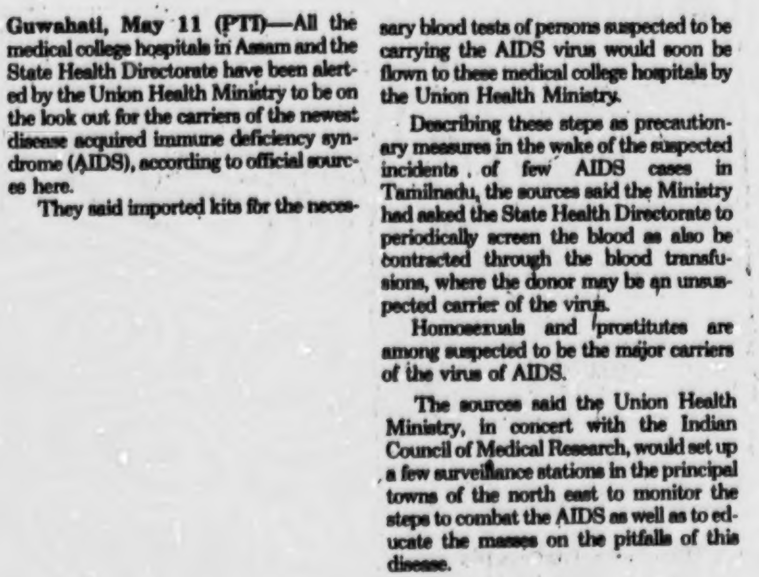
The Department has sent blood samples of 50 persons to the CMC Hospital, Vellore, for investigation since the beginning of this month.

An official spokesman said the blood smears of professional blood donors and inmates of some places had been specifically taken up for investigation. The Pondicherry administration has requested the Centre to place necessary equipment and kits to JIPMER to investigate AIDS cases.

Assam Alert

New Delhi PATRIOT in English 12 May 86 p 6

[Text]



Guwahati, May 11 (PTI)—All the medical college hospitals in Assam and the State Health Directorate have been alerted by the Union Health Ministry to be on the look out for the carriers of the newest disease acquired immune deficiency syndrome (AIDS), according to official sources here.

They said imported kits for the necessary blood tests of persons suspected to be carrying the AIDS virus would soon be flown to these medical college hospitals by the Union Health Ministry.

Describing these steps as precautionary measures in the wake of the suspected incidents, of few AIDS cases in Tamilnadu, the sources said the Ministry had asked the State Health Directorate to periodically screen the blood as also be contracted through the blood transfusions, where the donor may be an unsuspected carrier of the virus.

Homosexuals and prostitutes are among suspected to be the major carriers of the virus of AIDS.

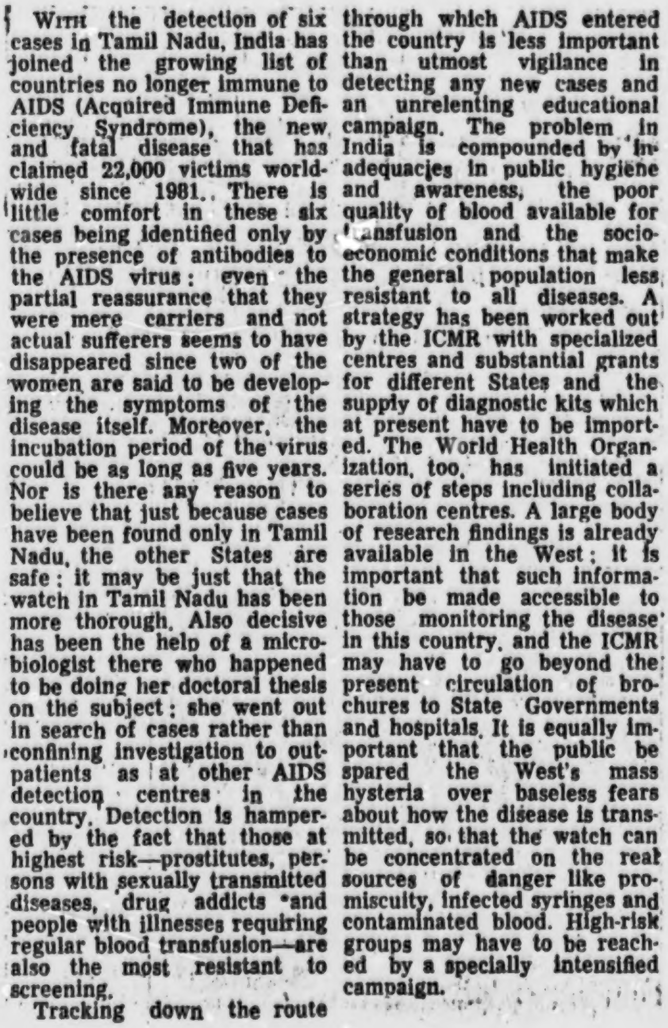
The sources said the Union Health Ministry, in concert with the Indian Council of Medical Research, would set up a few surveillance stations in the principal towns of the north east to monitor the steps to combat the AIDS as well as to educate the masses on the pitfalls of this disease.

Importance of Vigilance

Calcutta THE SUNDAY STATESMAN in English 11 May 86 p 8

[Editorial]

[Text]



WITH the detection of six cases in Tamil Nadu, India has joined the growing list of countries no longer immune to AIDS (Acquired Immune Deficiency Syndrome), the new and fatal disease that has claimed 22,000 victims worldwide since 1981. There is little comfort in these six cases being identified only by the presence of antibodies to the AIDS virus: even the partial reassurance that they were mere carriers and not actual sufferers seems to have disappeared since two of the women are said to be developing the symptoms of the disease itself. Moreover, the incubation period of the virus could be as long as five years. Nor is there any reason to believe that just because cases have been found only in Tamil Nadu, the other States are safe: it may be just that the watch in Tamil Nadu has been more thorough. Also decisive has been the help of a microbiologist there who happened to be doing her doctoral thesis on the subject: she went out in search of cases rather than confining investigation to outpatients as at other AIDS detection centres in the country. Detection is hampered by the fact that those at highest risk—prostitutes, persons with sexually transmitted diseases, drug addicts and people with illnesses requiring regular blood transfusion—are also the most resistant to screening.

Tracking down the route through which AIDS entered the country is less important than utmost vigilance in detecting any new cases and an unrelenting educational campaign. The problem in India is compounded by inadequacies in public hygiene and awareness, the poor quality of blood available for transfusion and the socio-economic conditions that make the general population less resistant to all diseases. A strategy has been worked out by the ICMR with specialized centres and substantial grants for different States and the supply of diagnostic kits which at present have to be imported. The World Health Organization, too, has initiated a series of steps including collaboration centres. A large body of research findings is already available in the West; it is important that such information be made accessible to those monitoring the disease in this country, and the ICMR may have to go beyond the present circulation of brochures to State Governments and hospitals. It is equally important that the public be spared the West's mass hysteria over baseless fears about how the disease is transmitted, so that the watch can be concentrated on the real sources of danger like promiscuity, infected syringes and contaminated blood. High-risk groups may have to be reached by a specially intensified campaign.

/9274
CSO: 5450/0145

INDIA

CHOLERA, JAUNDICE REPORTED 'RAGING' IN GUJARAT

Calcutta THE TELEGRAPH in English 23 May 86 p 5

[Text]

Ahmedabad, May 22: There has been a sharp increase in the incidence of cases of cholera, jaundice, malaria and guinea-worm diseases in different parts of Gujarat. Among the worst-affected areas are Gandhinagar, Ahmedabad and Baroda. The state capital has been declared malaria and jaundice infected. The state health minister, Mr Vallabhbhai Patel, said seven out of the state's 19 districts have been hit by guinea-worm diseases.

Four persons have died of gastroenteritis in Sardarnagar, a suburb of Ahmedabad, and three have died of cholera. In all 53 cases of gastroenteritis were detected in this suburb. Nearly 600 residents of Sardarnagar have been innoculated against cholera.

The BJP has alleged that the outbreak of the diseases is the result of the municipal corporation supplying contaminated water. At one of the corporation's meetings, two BJP councillors, Mr Ajay Patel and Mr Jayin Parikh, tried to make the mayor, Mr Jethalal Parmar, drink polluted water they had brought to the meeting. The BJP leader in the corporation, Mr Jayendra Pandit, alleged that Kiosks in the Manek Chowk area were serving water collected from nearby urinals.

The corporation's demand for Rs 10 crores, needed to replace outdated and damaged pipelines, has been rejected by the state government owing to the financial crisis it is now facing. Out of a total of 70 lakh domestic pipelines, nearly a lakh of them were laid about 15 years ago. It is leakage into these water mains that leads to contamination. The corporation has offered to change the pipelines if the householders provided the pipes. The corporation will bear the labour cost.

Meanwhile, the drought-hit villagers of Saurashtra are suffering from different diseases, including skin infection, according to a team of doctors which visited the region. According to Mr Dwariknath Rath, convener of Dushkal Pratirodh which sponsored the team of doctors, children and adults were being treated free at several construction sites.

Jaundice victims move court

Patna, May 22 (PTI): Three jaundice victims in Bihar have filed a writ petition at the Patna high court asserting their right to get pure drinking water.

The petition was filed on their behalf by the Council for Protection pf Public Rights and Welfare. This is the first case of its kind in the state.

Admitting the writ petition, Justice Birendra Prasad Singh and Justice B.P. Griyaghey, yesterday, directed the state and the Patna Municipal Corporation to file an affidavit stating steps they had taken to contain the disease. The case will come up for hearing on June 9.

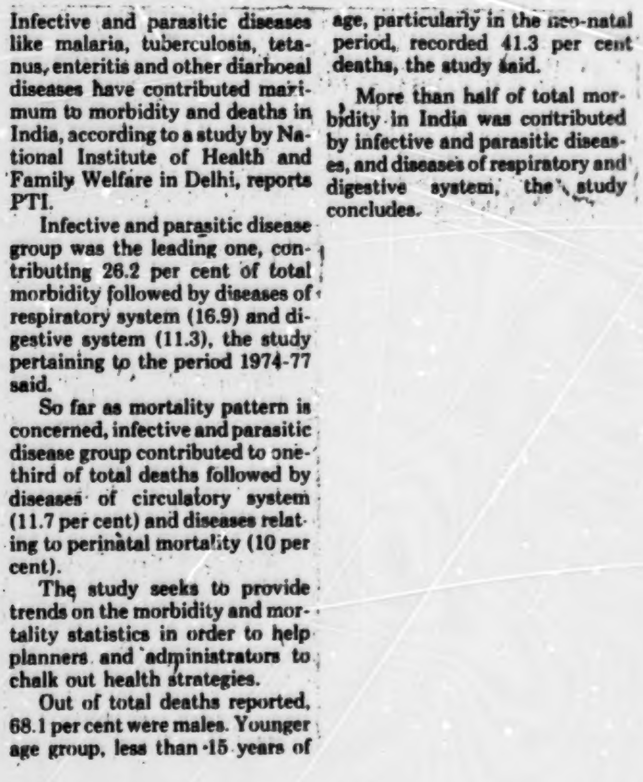
/9274
CSO: 5450/0144

INDIA

STUDY OF DISEASE CONTRIBUTION TO MORBIDITY NOTED

New Delhi PATRIOT in English 19 May 86 p 5

[Text]



Infective and parasitic diseases like malaria, tuberculosis, tetanus, enteritis and other diarhoeal diseases have contributed maximum to morbidity and deaths in India, according to a study by National Institute of Health and Family Welfare in Delhi, reports PTI.

Infective and parasitic disease group was the leading one, contributing 26.2 per cent of total morbidity followed by diseases of respiratory system (16.9) and digestive system (11.3), the study pertaining to the period 1974-77 said.

So far as mortality pattern is concerned, infective and parasitic disease group contributed to one-third of total deaths followed by diseases of circulatory system (11.7 per cent) and diseases relating to perinatal mortality (10 per cent).

The study seeks to provide trends on the morbidity and mortality statistics in order to help planners and administrators to chalk out health strategies.

Out of total deaths reported, 68.1 per cent were males. Younger age group, less than 15 years of age, particularly in the neo-natal period, recorded 41.3 per cent deaths, the study said.

More than half of total morbidity in India was contributed by infective and parasitic diseases, and diseases of respiratory and digestive system, the study concludes.

/9274
CSO: 5450/0147

INDIA

BRIEFS

KALA-AZAR DEATHS—Calcutta, 24 May—Three persons have died of kala-azar during the last month and 12 others suffering from it have been admitted to the School of Tropical Medicine, according to official sources. The disease is contracted from the bite of the sandfly and its symptoms are fever, anaemia and enlargement of the liver and spleen. The state governmenta had admitted that the disease had reappeared in the Sunderbans area after it was officially eradicated in the early 70's. An expert team headed by Dr K. K. Mullick, professor of tropical medicine, visited Kuber Bheri, East and West Kherjurberia and Danikhali in the area. A survey of 70 patients indicated the presence of LD bodies, believed to be the cause of the disease—also known as Dumdum fever—in 10 cases. The team has submitted a report on its findings to the state government. [Text] [By Shyamal Dutt] [Calcutta THE TELEGRAPH in English 25 May 86 p 1] /9274

CHILDREN'S MYSTERY DISEASE—Bhind (M.P.)—May 15—Thirteen children have died and 25 taken seriously ill due to a mysterious disease at Gahwat village under Umari police station in Bhind district of Madhya Pradesh during the past week, reports UNI. According to reports received here, all the victims were below 11 years. The condition of the affected children was stated to be serious and two girls had already gone blind. [Text] [Calcutta THE STATESMAN in English 16 May 86 p 1] /9274

LEPROSY AMONG CHILDREN—Madras—The incidence of leprosy among children below 15 years of age, at four per 1,000 population, is quite high. The disease makes no distinction between children of the rich and the poor, according to Dr M. S. Nilakanta Rao, a WHO consultant on leprosy to the government of India. A survey of a number of schools in Bangalore over a few years has shown that children from the upper economic strata were as vulnerable to the disease as children from the lower economic strata, he added. Speaking on "leprosy and children" at the three-day regional conference for leprosy awareness, sponsored by the UNICEF and organised by the citizen's forum, Dr Rao said the extent of leprosy in children was a sensitive index to the epidemic-logical situation of leprosy in the country. Sixty-two per cent of the cases of leprosy among children occurred in the south (including Maharashtra and parts of Orissa). The sex ratio among children was more or less the same for boys and girls 91:1), unlike in adults where it was 2:1 with males preponderating. [Text] [Bombay THE TIMES OF INDIA in English 11 May 86 p 8] /9274

CSO: 5450/0146

BRIEFS

PAPER REPORTS CHOLERA OUTBREAK--Ten people have been killed by cholera over the last 2 weeks. Hospital sources of Port Reitz said yesterday that there were 50 cases of cholera there and that more cases were still expected. The sources said one victim died yesterday and two others last week. He said most of the victims came from Magongo and a few from Kisauni and Kongowea. "The situation is worrying. We have 50 cholera cases here, and we are bracing for more," sources said. The outbreak of the disease comes in the wake of the holy month of Ramadhan, which is expected to end today. Mombasa mayor, Councillor Ahmed Mwidani, last week said cleanliness of the town had deteriorated. Early last month, the Mombasa Municipal Council had placed its cholera surveillance and sanitary teams on the alert. /Text/ /Nairobi THE STANDARD in English 9 Jun 86 p 1 EA/ 12228

CSO: 5400/135

PROBLEMS OF MANAGUA HOSPITALS DESCRIBED

18.6 Percent Infant Mortality

Managua BARRICADA in Spanish 23 Apr 86 pp 1, 7

[Article by Elsa Gomez]

[Text] Out of every one thousand live-born babies, 18.6 percent die of various causes at the Bertha Calderon Hospital, where the installed capacity for care, in physical and human terms, is minimal in comparison to the extraordinary demand.

The Women's Hospital, as it is also called, is supersaturated. It is no accident that 18 hours after giving birth, each mother has to leave the facility. Nor is it by chance that there are two or even three babies in each crib.

The 45 deliveries and 6 periosteotomies every day and 2,567 surgical operations in the past 3 months represent an overload of work in terms of the capacity of the hospital, which is naturally reflected in deterioration in the quality of service.

The situation is a dramatic one, and even worse, if to these problems we add the brutal effects of a shameful lack of labor discipline, reflected for example in the fact that very regularly, every day, 60 individuals fail to report for work.

Absenteeism, negligence and indifference are most serious in the sector responsible for the facility's hygiene, which presents a deplorable picture in this connection, also affecting the health of the patients.

It is not without reason that the director of the Bertha Calderon Hospital, Dr Jorge Orochena, says bluntly: "This is a hospital which is being ruined by excessive demands and which is on the brink of collapse." But even so, there are some possibilities for resolving the problems.

Every day, more than a thousand individuals move through the halls of the Bertha Calderon Hospital--patients, companions, medical and paramedical personnel--despite the fact that this structure was designed to accommodate fewer than half that number. And although the demand for outpatient consultations, emergency care and hospitalization is increasing, the capacity for medical care remains the same.

The support personnel entrusted with the tasks of hospital maintenance and hygiene hold the record for absenteeism, with 60 workers failing to appear every day, while 13 percent of the general personnel are drawing compensation and another 11 percent are on vacation. "About 49 percent of the hospital personnel is not on the premises at any given moment, and so we can only rely on 51 percent to do the work," the director, Dr Jorge Orochena, said in a dramatic description of the situation.

The popular demand for hospital care is multiplying. On the one hand, there are pregnant women on the point of delivery and others with symptoms of imminent miscarriage, while those who have just given birth are required to leave the hospital within 18 hours if there have been no complications. Also, there are the clients of the outpatient services offered in the specialties of this facility--gynecology-obstetrics and the subspecialties of human fertility and oncology, ophthalmology and neonatal care, the latter for newborn babies exclusively.

"This is a hospital being ruined by the excessive demand and on the point of disintegration," Dr Orochena says.

Effect on Patients

Out of every thousand live births, 18.6 percent of the babies die due to such various causes as asphyxia, hypoxia (lack of oxygen in the cells), aspiration of meconial fluid (fetal suffocation), intrahospital infections, such as meningitis, diarrhea and septicemia (generalized infection in the blood), among others.

"The conditions required in a neonatal department, such as space, environmental epidemiological hygiene measures, and even strict discipline as to the hygiene habits of the personnel, are lacking," the director notes.

There is a very limited ward for the intensive care of newborns, with room for only seven incubators. Some 43 cribs and incubators are distributed among the wards for intermediate and minimal care, and the observation ward for newborns has 34 cribs, usually accommodating two babies each.

Recovery is affected by such facilities as the operating rooms, for example, when doctors postpone surgery for lack of properly sterilized materials and equipment. Here the main problem is the "greens," in other words the surgical gowns, caps, masks and shoes.

The average of 45 deliveries per day, about 6 periosteotomies (uterine curettages) per day and a total of 2,567 surgical operations in the past 3 months have increased the demand for hospital clothing, which, in addition, is in short supply. The problem is made more acute by the limited capacity of the laundry and uniform department of the hospital.

It is estimated that hospital garments are washed up to four times every day, because of the constant flow of blood, the characteristic odor of which even hangs in the atmosphere at the facility.

It is definitely disagreeable to see women wrapped in hospital sheets stained with blood in the corridors. Included in this picture, which is moreover obviously unaesthetic, are beds covered only with plastic covers, on which up to three newborns ready to leave the hospital lie side by side, to be replaced by three others almost as soon as the space is vacated.

Is There Mistreatment?

A woman from Ciudad Sandino admitted with symptoms of imminent miscarriage reported that while she lay shivering with chills following a fever in the emergency ward at about 11 am on Sunday, the 19th, a doctor was reading a magazine and ignored her, while a young woman 7 months along told how the doctor asked her if she was pregnant.

Maria Concepcion Chavez, 45, who had come from Los Brasiles to be hospitalized because of a uterine tumor which had been causing hemorrhaging since last November, fainted on a bench in the emergency ward.

Antonia Navarro Cisneros, 18, from the Isaias Gomez district, miscarried 2 days after an emergency visit to the hospital, where she was given "three tablets" and told by the doctor to go home and rest.

"There is no verbal mistreatment, but the patient despairs due to the length of time she must wait and the nature of the care received at the facility, because of our limitations," the administrator, Hilcia Bello Parrales, said.

The unit has 22 gynecologist-obstetricians, 3 oncologists, 3 neonatal specialists, 3 internists, 5 ophthalmologists, 5 anesthesiologists, 2 pathologists, a radiologist, 35 resident physicians and 44 interns. Other personnel includes 779 workers, with 56 graduate nurses and 145 nurses' aides, including 58 new employees in addition to the personnel in service prior to 1985.

The number of medical hours worked dropped in the first quarter of 1986 because three ophthalmologists and three gynecologist-obstetricians resigned during the past year. The estimated totals are 6,519 medical hours worked in 1985, and 5,023 in the first quarter of 1986. According to the international norm, a doctor should work 2,000 hours annually.

Every month, two medical specialists are on vacation, and it is therefore estimated that there is one doctor for every ten hospital beds.

In emergency situations, the personnel are distributed among three shifts. In the morning there are a chief of service, three base-level doctors, two residents, two interns, an emergency chief, a graduate nurse and six nurses' aides on duty.

In the afternoon, there are a base-level physician, one resident and one intern on duty, and at night, one resident physician and an intern. The residents are those completing their 3 years of training in their specialty, and the interns are the doctors in their last years at the Faculty of Medicine, on periodic rotation through each hospital unit.

"I do not regard it as necessary to increase the personnel, but there is a need to reduce the pressure of demand on this hospital," Dr Orochena notes.

Hospital Production

According to international indices, the average stay per hospital bed is 3 to 4 days in gynecological-obstetrical hospitals. At the Bertha Calderon Hospital, the average is 2.6 days. The internationally normed bed use index is 75 to 80 patients per 100 hospital beds, while here it reaches a maximum of 79.7.

Also, according to the norm for turnover per hospital bed, 30 to 35 patients should utilize a hospital bed each year. At the Bertha Calderon Hospital, 23 patients utilized each bed in 3 months' time. The time which elapses between the discharge of a patient and the assignment of a new occupant to a bed should be 1 to 2 days, while at the Women's Hospital in Nicaragua it is less than 24 hours.

In 1985, this facility had 250 beds, and the number has been increased this year to 280, in absolute figures. This does not take into account the factors affecting the use of bed resources, which in real figures total 338, plus those not counted, which are located in the adult observation ward, the newborn observation ward, and the labor and delivery rooms.

Patient costs in terms of bed-days, including the salaries of doctors, residents, interns, nurses, aides, three meals a day, and the cost of support personnel and others, is calculated at more than 9,000 cordobas.

Perinatal Deaths

Perinatal death is second only to diarrhea in terms of the number of newborns lost in Region III. This has to do with all of the work pertaining to pregnancy and childbirth. According to Dr Orochena, effective coverage in terms of prenatal checks would to a great extent avoid perinatal deaths, both before and after birth. Prenatal checks, which are the responsibility of the departments of a health center, could detect a mother's problems, so that she would be referred to High Risk Obstetrics (ARO for determination of possible complications--toxemia, high blood pressure, prediabetic symptoms, renal infection, cardiac disorders, and even fetal position and multiple pregnancy. Once the problems of the mother have been identified, she is referred to the proper specialist, either at the health center or the hospital.

Such a background file gives the doctor better resources for use at the time of delivery, in order to determine the need for a Cesarean section or to take the steps necessary to safeguard the life of the mother and avoid fetal suffocation.

" There are very few patients who come to this hospital with medical records prepared by the health center," Dr Orochena noted. He explained that the risk of death is higher for the newborn than the mother. In the first quarter of 1985, three maternal deaths and one resulting from a tumor occurred at the facility, whereas there have been no deaths during this quarter.

Solutions Needed

According to the director of this center, there can be no solution by special departments, since all of the work of the hospital is integrated, and the greatest damage is being done to the service provided by the excessive demand, lack of labor discipline and absenteeism.

This year, the hospital has lost three specialists, including one who resigned and two on scholarships who have left the country. Unjustified absenteeism has recently been penalized by disciplinary measures. Seven members of the nursing corps and support personnel were dismissed, five were required to sign letters of commitment, and 30 received warnings.

"This is a dirty hospital, due to shortcomings in the support services, such as the laundry, cleaning staff and nursing corps, including stretcher-bearers, clinical secretaries, nursemaids, aides and graduate nurses. Unjustified absences resulted in the loss of 327 man-days, the majority among the nursing staff, which had 131 absences, representing 235 work days lost," the doctor noted.

Also, he went on to say "The ophthalmological specialty should be discontinued at this hospital, because it competes in terms of demand for consultations per patient with gynecology-obstetrics." Orochena recalled that 3 years ago, when it was decided that this facility would serve as a hospital treating women's diseases exclusively, the expansion of its facilities and the removal of the ophthalmological specialty were promised.

The unit has four operating theatres for major surgery, one for minor or emergency surgery and one for minor surgery and oncological radiation (treatment of cancer in women). The same operating rooms are shared for surgery in the specialty dealing with diseases of the eye.

Opinions of the Staff

Luisa Navarrete Espinoza, who is in charge of the laundry and uniform department, says that "We are rather short of personnel, mainly because of the men who have left for military service." There are also those who resign because of the wages paid and the sanitary conditions prevailing in this work.

This department has machinery transferred from the old El Retiro Hospital. The humidity in the premises and the steady rhythm of work without the required maintenance have caused the majority of the machines to deteriorate. There is a new washing machine installed a year ago, but it is not operating due to problems with the electrical system.

Aura Gonzalez, who has worked in this department for 11 years, notes that she feels discouraged by the low wages she receives based on her SNOTS classification. "We do not like the pay, for even a stretcher-bearer earns more than we do. The last chief had no interest in our evaluations and did us a great deal of harm," she says.

Maria Elena Lopez, a cleaning woman, says that the equipment and materials provided for cleaning the hospital are inadequate. "I am going to ask for transfer to laundry," she said.

Julio Miranda, in charge of maintenance, crossed his arms and said: "We need materials in order to work. It is so difficult for us to buy what we need at the hardware stores, and even more so on the central level of the MINSA." The greatest demand for repairs pertains to the air conditioning and lighting systems.

The hospital has currently been allocated 19 million cordobas for general repairs, a figure channeled through Health Region III, which will negotiate the contracts with a Ministry of Construction enterprise. "They came to evaluate repairs 3 months ago, but we still have not had their response," Hilcia Bello, the hospital administrator, said.

New Stocks of Medicines and Materials

The chief of the hospital pharmacy, Eloisa Corrales, who was somewhat reluctant to provide the requested figures on the supplies of medicines, would only speak about the shortage of dextrose serum, the supply of which has been exhausted, and other products such as adriamycin and V-fluorouracil, used in oncological treatment and currently entirely out of stock, and vitamin K for newborn infants.

Concerning replacement stocks of materials, Dr Orochena said they are well provided, thanks to the aid the facility receives from Project Mother. Currently, the hospital has a shortage of sanitary napkins, for which washable cloths are being substituted.

In addition to hospital equipment, including the new washing machines and dryer with a greater capacity, equivalent to two of the present machines, Project Mother has provided an ambulance, and it is continuing to study the needs of the facility.

This project, which was launched a year ago, has as its slogan "a million dollars for Bertha Calderon." It also offers training courses for medical-technical personnel and is building an infant shelter for the children of hospital workers.

Reducing Pressure on the Hospital

The Bertha Calderon Hospital, which also is a teaching facility for medical aides, might be provided some respite if maternity care could be to some extent channeled to other hospital units. If this were done, the people too would benefit, being spared the need to travel long distances to reach the specialized center, since it is expected that there will be 46,000 pregnant women in Managua this year. The Bertha Calderon and Velez Paiz Hospitals accommodate 53 percent of the population, which means that 47 percent receive care at private centers or at home.

The proposed transfer of gynecological-obstetrical services to other hospitals has already been studied on the pertinent levels at the Ministry of Health.

"These studies have already been discussed on the central level and at the Ministry as well, but the final decision on the reorganization of the services has not been made. In our view, this would be the solution to the problem of relieving the pressure on Bertha Calderon," the director of the facility, Jorge Orochena, said in conclusion.

Indiscipline, Absenteeism

Managua BARRICADA in Spanish 26 Apr 86 p 8

[Article by Elsa Gomez]

[Text] The Velez Paiz Maternity-Infant Hospital is not even a shadow of what it was until the end of 1985. Thus far this year, it is estimated that the improvement in its infrastructure, patient care and interhospital human relations comes to more than 70 percent, but in the general opinion of the personnel, the problems of lack of labor discipline and absenteeism remain to be overcome.

All of the indices show that the nursing department accounts for the highest percentage of these factors, which have a direct and adverse effect on the health of the patients. Some 30 percent of those employed here come to work late, daily absenteeism is at 3 percent, and it increases to 13 percent on some shifts, mainly on weekends.

Of the 800 hospital workers, 262 are included in the nursing corps (graduate nurses, nurses' aides, nursemaids, secretaries, stretcher-bearers and medical-technical personnel). About half have worked for more than 30 years; 18 graduate nurses hold administrative posts; 7 of the auxiliary personnel are approaching retirement; about 30 persons are drawing compensation every month; and in the first quarter of this year, 3 persons resigned.

This facility provides orthopedic, surgical, pediatric and gynecological-obstetrical services (supporting the Bertha Calderon Hospital), as well as several subspecialties--infant psychiatry, neonatal care and pediatric odontology. Because of the shortage of nursing personnel, there are 30 persons rotating on 3 24-hour shifts, and only 4 wards have been given priority for the continuing use of this skilled personnel. They are the intensive care, emergency, neonatal and labor and delivery departments.

Only 80 percent of the 140 nurses' aides report regularly for their shifts. Although the priority departments require at least five persons each, only two or three are on duty, including a graduate nurse, while the maternity, recovery, and pediatrics (including nursing mothers, school-age children, infectious diseases, isolation of newborns and others, emergency treatment for adults and pediatric surgery) departments have only nurses' aides on duty.

In the burn ward, nurses' aide Yolanda Vilchez explained that her work is bathing the patients, giving treatment, updating medical orders, prescribing diets and cleaning the unit.

"One day a short time ago, I had to bathe 22 burn patients. This is a service mother-companions are allowed to provide," she said.

Ladies in White

This picture of the nurse, moving tirelessly through the corridors of the hospital, offering a smile or a word of encouragement to the ailing patient 24 hours a day, needs refurbishing. Sandino Arce, head of the nursing department at the Velez Paiz Hospital, says that apart from the shortcomings in the wage scale, there are inadequacies in the professional training at school.

"Discipline and human sensitivity are among the main requirements for nursing. The new generation must take up this challenge unselfishly and make a complete commitment to the profession. One cannot abandon a patient because the shift has ended, because the work here is with the lives of human beings," she said.

She admitted that there are shortcomings and weaknesses which need to be overcome. In this connection she mentioned the establishment of an interhospital disciplinary committee, made up of representatives of the administration, trade union, mass organizations, section heads and party (CBS). "We will reestablish our hospital image," this nurse said enthusiastically.

In order to do so, some checks have been established through the cards recording the arrival of personnel for work, which are examined by the controller's office, calls for personal attention, the requirement that a letter of commitment be signed, and dismissal. This last measure is applied to almost no one because of the paternalism still prevailing in the union, as could be seen in the case of the two nurses reinstated on presentation, 3 weeks after dismissal, of compensation vouchers.

The epidemic of absenteeism among the personnel is reflected in poor patient care, if we take into account the fact that in the month of March alone, 1,181 patients were admitted, and there was a daily average of 41.2 patients per bed.

Among the presumed reasons for absenteeism are night watches or shifts and family problems. Night watches, as provided in the FETSALUD-MINSA agreement, are limited to seven per month, with 25 percent overtime pay per shift. This supplement began to be paid on 1 March of this year.

A wage increase was based on the timely review by the SNOTS, since this occupation had been undervalued. For the general nurse, the wage established was 50,550 cordobas, for a unit head 53,400, for a general hospital supervisor 56,250, for social service aides 30,600, and for certified aides 36,300.

"One of the strategies employed by the hospital to reduce absenteeism was the establishment of a CDI under the administration of the nursing department. The Yolanda Mayorga CDI began operation in 1985 with a capacity of 30 infants. However, these quotas, in the vast majority, are utilized for other personnel, and only 0.5 percent for the nurses. Therefore, the possibility of improving the physical conditions in the premises and increasing night shifts is under study.

"Absenteeism directly affects the expert care and attention the patients need and leads to opportunism, with the whole of the work falling to a few individuals," the nursing head said.

The Absentees

A considerable number of the nursing personnel, it is reported, have been repeatedly absent. For example, Lesbia Lopez Aleman, a graduate nurse, was absent 30 times in 1985, as well as five times up until 24 April of this year. Vilma Betancourt, a graduate nurse, was absent 32 times, in all cases without notice, in 1985, with five more absences up until March. Celenia Torres Morales, a surgical technician, was absent eight times from January to March, and Maria Antonia Martinez, a nurses' aide, was absent nine times during the first quarter of the year.

The personnel department at the Velez Paiz Hospital faces serious problems because of the continuing absenteeism. In these first months of the year, more than 3,000 labor days were reported lost by the personnel. This has been the reason that in only 1 month, more than 600,000 cordobas were paid out in benefits.

Silvia Alvarez, in charge of personnel, has expressed the view that although the center allows mother-companions to contribute to meeting the need for more nursing personnel, the care provided by aides is of primary importance to patients, if we realize that their duties include administering injections, medicines and serums, such that the limited personnel must be moving constantly throughout all of the wards at the facility.

Absenteeism is also frequent among the maintenance personnel (cleaning staff) and the CPF (guards), and the facility has had as many as 15 to 20 persons leave without notice in 1 month, as well. "Many do not give notice that they are resigning, but simply stop coming to work," Alvarez said.

In these cases, the parameters are wages and the lack of material supplies and physical safety. On the other hand, these employees are not included in the incentives program set forth in the FETSALUD-MINSA agreement. The immediate filling of all of the hospital personnel vacancies also involves the bureaucratic procedures established on the central level at the MINSA. In this connection, it can take up to 2 or 3 months to obtain the approval of a new contract, or else new personnel cannot be hired until those retiring obtain final approval and are removed from the controller's payroll list.

Production Goals

Although there are serious limitations in human and material resources, the Velez Paiz Hospital did achieve 80 percent of its health production goals in the first quarter of 1986. During this first quarter, the facility was limited by the inadequate periodic renewal of product stocks. Of the 135 products needed, total replacement was provided for only 26 (14.85 percent), with partial restocking for 27 products (20.61 percent) and none for 78 products (64.54 percent).

Among these products, those most urgently needed by the hospital are elastic bandages and suturing thread. Also, the regional Material Technical Supply Department (ATM) is encountering difficulty in meeting 100 percent of the requirements for sanitary and cleaning products and workshop tools. "In one quarter we received only 25 percent of the needed paper supplies, and we have received no explanation as to why there is not even any detergent," Dr Pedro Tijerino, director of the Velez Paiz Hospital, said.

Also, of the 480 medicines required, the stocks of 167, or in other words 35 percent of the total requisitioned, have dropped to zero. Among these products, the director explained, the vitamin K provided to newborns and antibiotics are of priority importance to the facility.

Other Limitations

Because of both the age of the hospital equipment and the constant changes in electrical voltage, the facility is facing the problem of deterioration in the X-ray equipment, centrifugal machines, microscopes and air-conditioning equipment.

This hospital center, at which 311 surgical operations are carried out in a month, has four operating rooms in normal condition. Basically, they need overhead lighting of 12 candle power, only half of which is provided.

Also, 75 percent of the emergency cases coming into the hospital are not treated properly. In the first quarter of the year, 15,110 children were given emergency treatment, as well as 2,500 adults.

Physical Improvements at the Hospital

A series of remodeling and repair projects for the physical installations at the hospital, with priority for the areas directly involved with patient care, have shown the administrative capacity and willingness to work of the administrative and management personnel at the hospital.

This was in fact achieved beginning with the decentralization of the hospital budget by Health Region III and the corresponding funds allocated for repairs, including 5.6 million for the first quarter of the year. "General cleanup and roof repair are of primary importance for this hospital," the administrator, Teresa Urbina, said.

However, the hospital employees recall with concern the day an outbreak of diarrhea among the infants in the nursing infants' ward was reported. "This was due to poor technical procedures on the part of the milk-laboratory personnel. The proper precautions were not taken in terms of sanitary measures, and so we had a critical situation then. However, we overcame it," the director, Pedro Tijerino, noted.

"We dealt with the attitudes of the leading personnel who were seeking ways of avoiding their responsibilities. Our disciplinary measures have even led to the resignation of three section heads. Perhaps it is better thus, because we need personnel with the will to work," the administrator said.

The efforts to improve the quality of care, attacking and correcting the adverse factors and attitudes affecting patients, are filling the personnel with greater optimism. Even if they are willing to put forth more effort, it is also necessary to deal with the shortage of skilled resources, the mechanisms for hiring personnel and the inadequate supplies of medical products and equipment.

300 Million Allocated

Managua LA PRENSA in Spanish 19 Apr 86 p 8

[Text] The Ministry of Health budget for the maintenance of the hospitals in the country, including maintenance of the leading medical teams, comes to 300 million cordobas.

Our sources said that the lack of funds to meet the most minimal needs of the hospitals has been a factor in the very serious deterioration of many of these hospital centers. However, they said, more attention will be devoted to them now.

In the hospitals in Managua, where broken windows, benches for the public in poor condition, filth, inadequate lighting due to the lack of bulbs or fluorescent tubes are visible everywhere, these conditions have not been corrected.

Also, personnel on the medical and paramedical staffs who are members of the FETSALUD have reported that thefts are very frequently committed in the hospital centers in Managua, involving items ranging from small apparatus and surgical instruments to tools and implements, as well as bed linen and other items.

5157
CSO:5400/2063

SAUDI ARABIA

BRIEFS

RARE DISEASE FOUND IN JEDDAH--Riyadh, 17 May--Two rare medical cases involving two children, who are brothers, were discovered yesterday at the Bakhsh clinics in Jeddah. The symptoms make the skin flabby and inelastic. There are only a few known cases of this affliction throughout the world. The causes of the disease which makes the skin lose is unknown and sometimes the symptoms include loss of capacity to hold the head erect, as is in the case of the two brothers. [Text] [By Na'ela Qesti] [Riyadh RIYADH DAILY in English 18 May 86 p 2] /9274

CSO: 5400/4515

SIERRA LEONE

BRIEFS

UNKNOWN VIRUS EPIDEMIC--Freetown, 1 Jun (AFP)--At least 90 people have died in Kenema, 193 miles (328 km) from here by an outbreak (?of an) epidemic disease caused by a virus which is baffling medical authorities. Reports from the area said that some 120 people including children are currently in the Kenema Government Hospital and private clinics where doctors are trying to save their lives. The outbreak, first detected last Tuesday /27 May/ but only revealed Sunday, was noticed when more than 40 people were brought to the hospital complaining of stomach troubles, dizziness and vomiting. According to the account, many had died on the way to the hospital while others arrived almost in a coma. Three nurses who were on duty treating incoming victims also caught the disease. /Text/ /Paris AFP in English 1442 GMT 1 Jun 86 AB/ 12228

CSO: 5400/137

SOMALIA

BRIEFS

CHOLERA KILLS 20--Reports from Burao town [NW Somalia] say that over 20 people have died from the killer disease, cholera, in recent weeks. Although special camps have been set up for people suffering from cholera, this quarantine has not stopped the killer disease from spreading into various villages around Burao. The people who have been placed in quarantine are perishing not just because of the cholera but also because of lack of medicine and basic food requirements. The reports from Burao say that many people are fleeing the town in fear of contracting the killer disease. [Text] [(Clandestine) Radio Halgan in Somali to Somalia 1700 GMT 23 May 86 EA] /6662

CSO: 5400/131

BRIEFS

KWAZULU FACES MALARIA OUTBREAK--ULUNDI--kwaZulu is facing possibly the worst malaria epidemic in 30 years, says the homeland's Minister of Health, Dr Frank Mdlalose. Addressing the kwaZulu Legislative Assembly, Dr Mdlalose said malaria cases in kwaZulu had increased by 600 percent since 1983, while national malaria statistics last year showed an alarming 780 casualties being reported a month. He said the problem had been aggravated by the introduction of a chloroquine-resistant strain "imported" mainly from Mozambique. Much of kwaZulu north of the Umfolozi River has always been considered malaria endemic, but the disease was now resurfacing in areas such as Hlabisa which had not had an outbreak since 1978. However, Dr Mdlalose said health care in the homeland was being greatly improved, particularly with the growing interdependence between kwaZulu and Natal, which was breaking down the barriers hindering integration of health matters. [Text] [Johannesburg THE STAR in English 28 May 86 p 11] /12379

CSO: 5400/130

UGANDA

BRIEFS

REPORTS ON AIDS 'DRAMATIZED'--Kampala, May 30 (AFP)--Uganda's Health Ministry on Thursday accused reporters of dramatizing the situation regarding the occurrence of the Acquired Immune Deficiency Syndrome (AIDS) disease in the country, but admitted 37 people had died from it since the beginning of this year. Uganda Radio said that most of the confirmed 37 deaths were from the southern districts of Masaka and Rakaiwn where the disease was first reported. According to the radio, the Health Ministry statement said that the AIDS situation was not as bad as had been reported in the press, and accused the press of carrying reports on the disease which had created public panic. Radio said that the greatest causes of death in Uganda were still the preventable diseases like malaria and sleeping sickness, which the government was fighting. The official NEW VISION newspaper on Wednesday quoted Health Minister Ruhakana Rgunda as saying that AIDS was "widespread" in the Rakai area. The English-language weekly said in its front-page story that the minister had "acknowledged the high prevalence of the deadly AIDS disease in several parts of the country." [Text] [Paris AFP in English 0801 GMT 30 May 86] /9365

CSO: 5400/138

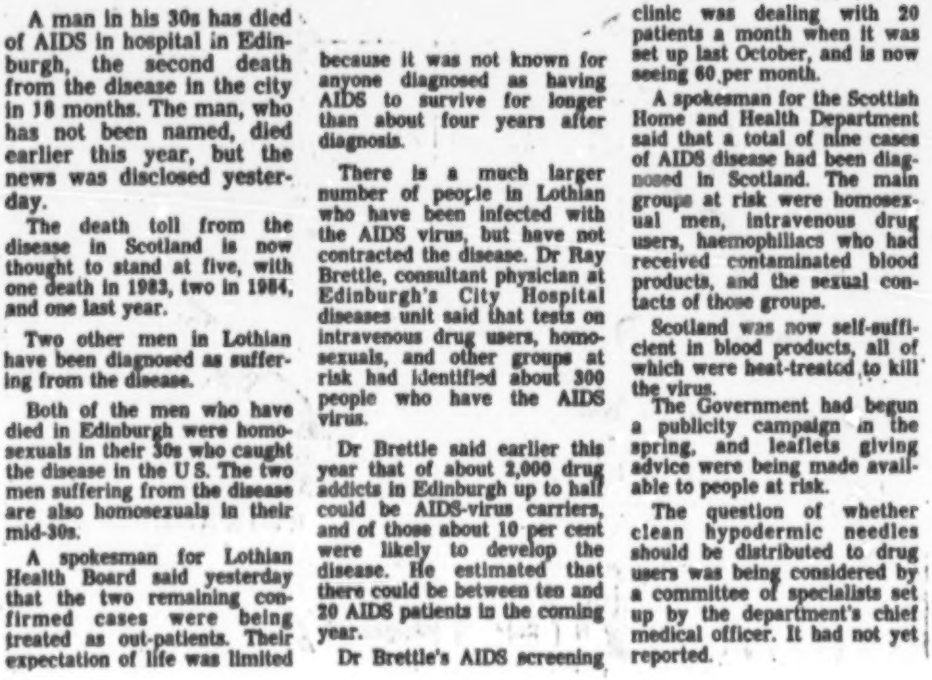
UNITED KINGDOM

SCOTLAND RECORDS 5TH AIDS DEATH; OTHERS DIAGNOSED

Edinburg THE SCOTSMAN in English 23 May 86 p 8

[Article by David Appleton]

[Text]



A man in his 30s has died of AIDS in hospital in Edinburgh, the second death from the disease in the city in 18 months. The man, who has not been named, died earlier this year, but the news was disclosed yesterday.

The death toll from the disease in Scotland is now thought to stand at five, with one death in 1983, two in 1984, and one last year.

Two other men in Lothian have been diagnosed as suffering from the disease.

Both of the men who have died in Edinburgh were homosexuals in their 30s who caught the disease in the U S. The two men suffering from the disease are also homosexuals in their mid-30s.

A spokesman for Lothian Health Board said yesterday that the two remaining confirmed cases were being treated as out-patients. Their expectation of life was limited because it was not known for anyone diagnosed as having AIDS to survive for longer than about four years after diagnosis.

There is a much larger number of people in Lothian who have been infected with the AIDS virus, but have not contracted the disease. Dr Ray Brettle, consultant physician at Edinburgh's City Hospital diseases unit said that tests on intravenous drug users, homosexuals, and other groups at risk had identified about 300 people who have the AIDS virus.

Dr Brettle said earlier this year that of about 2,000 drug addicts in Edinburgh up to half could be AIDS-virus carriers, and of those about 10 per cent were likely to develop the disease. He estimated that there could be between ten and 20 AIDS patients in the coming year.

Dr Brettle's AIDS screening clinic was dealing with 20 patients a month when it was set up last October, and is now seeing 60 per month.

A spokesman for the Scottish Home and Health Department said that a total of nine cases of AIDS disease had been diagnosed in Scotland. The main groups at risk were homosexual men, intravenous drug users, haemophiliacs who had received contaminated blood products, and the sexual contacts of those groups.

Scotland was now self-sufficient in blood products, all of which were heat-treated to kill the virus.

The Government had begun a publicity campaign in the spring, and leaflets giving advice were being made available to people at risk.

The question of whether clean hypodermic needles should be distributed to drug users was being considered by a committee of specialists set up by the department's chief medical officer. It had not yet reported.

/9274
CSO: 5440/089

ZAIRE

BRIEFS

TRYPANOSOMIASIS CASES--During the first quarter of the year, 515 new cases of trypanosomiasis were identified in Bas-Zaire, according to the regional inspection statistics of the Public Health Service provided to AZAP on Wednesday. However, no deaths were reported. According to Dr Mukenge Tshibaka, the doctor-regional inspector who gave these details, the principle concentrations of the tse tse fly, the carrier of this disease, are among others the areas of Kinzao Vuete, Lukula, Tshela and Luozi in Cataractes. He said that in 1985 1,602 cases were reported, including two deaths, compared to 1,091 cases in 1984, with 20 deaths; 920 cases with 3 deaths in 1982; and 906 cases with 5 deaths in 1981. Dr Mukenge said that the most vulnerable are people who work in the fields. In answer to a question, Dr Mukenge revealed that a FOMETRO team will soon make a systematic check of villages that may be contaminated, and identify and destroy the nests of tse tse fly. [Text] [Kinshasa ELIMA in French 16 May 86 pp 1,8] 9920

MEASLES EPIDEMIC--A large measles epidemic is currently underway in Bongandanga zone, according to Dr Makaya, a doctor of Bongandanga hospital, in a report submitted to the subregional administration of Mongala at Lisala. Dr Makaya said the epidemic has already caused several deaths, though the exact number was not stated. The communities-chiefdoms of Botewa and Bosoosima are the most affected by the disease, the report indicates. The Bongandanga doctor criticized the ineffectiveness of the Bimu primary health care zone, and called for urgent aid in order to save the lives of numerous children threatened with death by this epidemic. [Text] [Kinshasa ELIMA in French 9 May 86 pp 1,7]

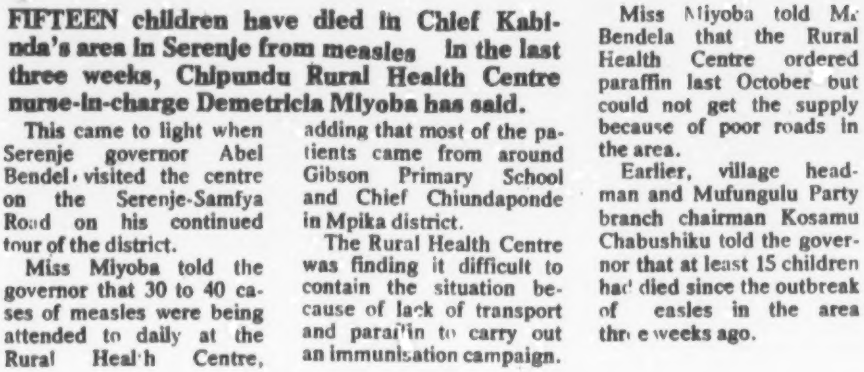
9920
CSO: 5400/103

ZAMBIA

DEATHS FROM MEASLES REPORTED IN SERENJE

Lusaka ZAMBIA DAILY MAIL in English 27 May 86 p 5

[Excerpt]



FIFTEEN children have died in Chief Kabinda's area in Serenje from measles in the last three weeks, Chipundu Rural Health Centre nurse-in-charge Demetricia Miyoba has said.

This came to light when Serenje governor Abel Bendel visited the centre on the Serenje-Samfya Road on his continued tour of the district.

Miss Miyoba told the governor that 30 to 40 cases of measles were being attended to daily at the Rural Health Centre, adding that most of the patients came from around Gibson Primary School and Chief Chiundaponde in Mpika district.

The Rural Health Centre was finding it difficult to contain the situation because of lack of transport and paraffin to carry out an immunisation campaign.

Miss Miyoba told Mr Bendela that the Rural Health Centre ordered paraffin last October but could not get the supply because of poor roads in the area.

Earlier, village headman and Mufungulu Party branch chairman Kosamu Chabushiku told the governor that at least 15 children had died since the outbreak of measles in the area three weeks ago.

/9274
CSO: 5400/134

JAVA FREE OF FOOT-AND-MOUTH DISEASE

Jakarta ANTARA in English 13 May 86 pp A6, A7

[Text] Jakarta, 13 May (ANTARA)--Minister for Agriculture Ir Achmad Affandi May 5 this year announced Java is free from foot-and-mouth disease which haunts cattle owners throughout the world.

Minister Affandi made the announcement after studying the results of monicoring and evaluation by a joint team consisting of members and ITB (Bandung Institute of Technology), Gajah Mada University in Yogya, Airlangga University in Surabaya, the Veterinary Research Centre, the regional offices of animal husbandry in Java and the directorate for animal health, which said that mass vaccination in the island in the last three years has been able to eradicate foot and mouth disease.

Foot and mouth disease which attacks cows and buffalos was rampant in Java in 1983, but thanks to the alertness of health officials the disease was contained and prevented from attacking other regions in the country.

Even though Java has b-en declared free from the foot and mouth disease, Minister Affandi asked people to keep on the alert against the possibility of the disease's entering from other regions.

The West and East Nusa Tenggara provinces are, for example, places where the disease is still rampant.

Both provinces are the biggest cattle suppliers for Java for its 89 million people.

To prevent the disease from attacking Java again Minister Affandi has asked health officials to carry out intensive control on regions used to have the disease, tighten control on cattle traffic, cattle produce and to continue vaccination at border areas, remote areas and the areas where the disease is rampant.

/9274
CSO: 5400/4383

BOVINE LEUKOSIS FOUND IN 'WIDELY SEPARATED AREAS'

Georgetown CATHOLIC STANDARD in English 13 Apr 86 pp 1, 4

[Text] A DISEASE that may seriously affect the cattle industry has been discovered in cattle imported from Cuba a year and a half ago, as well as in local cattle.

The disease, bovine leukosis, corresponding to leukaemia in human beings, has been found in widely separated areas of Guyana.

The presence of the disease was indicated when blood tests were taken during routine screening.

The Cuban cows, about 300 heifers and about 14 bulls, as well as a special gift for the late President Burnham, had been acquired on credit from Cuba in October 1984. Guyana had to pay the freight in US dollars.

For six months the cattle were quarantined at Plantation Mara in Berbice and then a number were sent to Mon Repos and Camp Cocos, Hope Estate. The majority remained at Mara.

Before they left Cuba they were said to have been tested for disease and were given a clean bill of health. Since arriving, about fifty or more have died.

It is not known whether these deaths were caused by the disease, as the Catholic Standard was told that such losses were normal in shipping cattle from one country to another, especially where the conditions under which they are kept are very different.

On the discovery of bovine leukosis in the Cuban cattle, blood samples were taken from more than 200 cattle, both Cuban and local, and sent to the Veterinary Diagnostic Laboratory in Trinidad.

The results of the tests showed that a high percentage of both local and foreign cattle had the disease.

It is not known whether the disease was introduced by the cows from Cuba or was already here when they arrived.

About this disease Black's Veterinary Dictionary says that "a symptomless, latent leukaemic state may persist throughout life or change to the overt 'cancer' type of leukaemia, which is fatal within days or months."

The more serious form of the disease where tumours appear would seem to be rare in Guyana.

Normally, strict control measures are taken of leukosis herds, aided by laboratory diagnosis, as the disease is highly infectious.

No animals from them may be sold except for direct slaughter.

There appears to be no real cure for the disease and where it is discovered the affected animals are slaughtered to prevent the disease spreading.

Although the disease may significantly reduce beef and milk production, it does not affect human beings and no harm can come from eating the beef or drinking the milk of affected animals.

More tests will have to be carried out in all parts of the country to determine exactly how widespread is the disease in Guyana, but for the moment it appears to be so widespread that the slaughtering of the affected animals would decimate the cattle in the country.

When approached by the Catholic Standard for a comment on the high incidence of bovine leukosis in the cattle in the country, the Permanent Secretary, Ministry of Agriculture, was unavailable for comment.

CSO: 5440/088

FIRST CASE OF SHEEP SCRAPIE IN COUNTRY REPORTED

Belgrade ACTA VETERINARIA in English No 1, 1986 pp 31-37

[Article by N. Knezevic and M. Jovanovic]

[Text]

At the beginning of 1984. on a farm containing 210 imported Romanovski sheep and about 400 lambs, a disease occurred in 4—5 sheep, with typical neurological signs of scrapie.

On pathohistological examination we also demonstrated the characteristic changes for scrapie. In the next 3 months we checked the diagnosis at first in 3 new cases, and after that in 8 sheep, with the same findings. These sheep were from 2—5 years old, except for one of 18 months old. The whole clinical course of the disease lasted 7 days. In the next two months there were no new cases of the disease.

In the meantime we proposed slaughter of all sheep older than 18 months. The rest of the flock were removed to a new completely isolated farm a hundred kilometers far from the former.

Seven months later a new case of the disease appeared again, and thus we recommended slaughter of the whole flock of sheep including their progeny.

INTRODUCTION

On describing the first cases of scrapie found in our country, it is necessary to give certain data concerning the current opinions about the causal agent, length of the incubation period, susceptibility and the manner of spreading of the disease.

Scrapie is an unconventional infectious disease from the group of slow virus infections in sheep, occurring rarely in goats. It is characterised by spongious encephalopathia and clinical signs such as scraping (pruritus), nibbling, hypersensibility, spasms, straggering and paralysis, which as a rule leads to a lethal end. In England the disease has been known for more than 200 years as well as in many countries of western Europe. After World War II, scrapie was imported into the USA, Australia, New Zealand and South Africa (Kimberlin 1981a).

Scrapie occurs in sheep of both sexes, between two and four and a half years of age. Although it can sometimes occur in older animals, cases are rare in animals under one year of age. The true nature of the causal agent is still not completely known. It is a virus-like agent, but it differs in many ways from conventional viruses. It is very resistent to boiling, to ionising and ultraviolet radiation and chemical treatment (Dickinson 1976, Brown et al. 1982). In 3% formalin (which kills all kinds of viruses), it survives a few months (Pattison 1965). It does not induce the organism of the animal to produce antibodies, hence there is no corresponding serological test for diagnosing this disease (Outram 1976). Today there are three hypotheses attempting to explain the molecular concept of the causal agent of scraipe. According one of them, the causal agent is declared as a prion (infectious protein) which consists mostly of three protein molecules without nucleic acid (Prusiner 1982, 1984a, b); according to the second one, the causal agent is a virino agent, which consists of a small molecule of nucleic acid while the protective protein is coded by the host (Dickinson and Outram 1979, Kimberlin 1982a, c); according to the third SAF (scrapie associated fibrils), hypothesis, it is a virus of filamentous structure similar to some plant viruses and bacteriophages (Merz et al. 1983, Carp et al. 1985). It is difficult to say which of them is the most acceptable because it has been proved that there are many strains of the infectious agent with different pathological and biological characteristics. It has been known that those strains undergo mutations on serial passages in mice (Bruce and Dickinson 1979) and it is likely that mutations also occur under natural conditions in sheep.

The incubation period of the disease can last from several months to several years. The length of incubation depends on genetic factors in the host. By selective breeding, lines of sheep have been made with increased (positive) and decreased (negative) susceptibility to inoculation of the standard scrapie agent known as SSBP/1. Further investigations have proved that the response to infection SSBP/1 is controlled by the SIP (scrapie incubation period) gene with two alleles. The allele which controls susceptibility is dominant. The mode of action of the SIP gene is not quite known, but one assumes that it controls the incubation period by regulating causal agent replication) Dickinson et al. 1968, Dickinson and Fraser 1979, Nussbaum et al. 1975).

The spreading of the infectious agent in flocks can occur by horizontal and by the maternal (vertical) mode as weel. Thus Brotherston et al. (1968), Dickinson et al. (1974), and Hourrigan et al. (1979), pointed out that the primary osurce of horizontal infection, are thought to be animals in incubation and animals with clinical signs of the disease and their products of secretion and excretion, the placenta after lambing, desquamated cells due to intense rubbing and scraping, contaminated environment e.g. (pasture, bedding, fixed objects, food and water e.t.c.). Same epidemiological evidence of natural scrapie and some experimental works indicated the possibility of maternal transmission of the disease, although the exact mechanism and the time of occurence of the infection are not known (Dickinson 1976, Kimberlin 1981b).

OUR CASES OF SCRAPIE

At the beginning of 1984. on a farm containing 210 imported Romanovski sheep, and about 400 lambs, a sporadic disease with neurological signs occured in the sheep. In this flock the health problems at that time were pneumonic processes and therefore these cases of sickness, did not attract the attention of the herdsmen at first. Later, these neurological signs occured in 4—5 sheep at the same time. These animals trailed after the flock with signs of trembling and nodding of the head with characteristic movements of the lips and the ears. After that they began scraping and rubbing against fixed objects all over the body, but mostly over the back, rump, flanks, legs and the base of the tail. Therefore a loss of wool occurred, and on the skin one could see injuries of variable intensity. The diseased animals swayed drowsily with unsteadiness, staggering and incordination and often with the inability to stand when they would fall completely paralysed. The significant sign was the loss of body weight. Death usually occured within 24 hours. The whole clinical course lasted only 7 days.

On post mortem examination we found cachectic carcasses of sheep with mechanical injuries on the skin, as a consequence of the scraping and rubbing. In three sheep we found pneumonic changes and in two of them the finding was negative. According to the clinical signs, the disease was suspected to be scrapie. Therefore we took sections from the central nervous system — e.g. thalamus, pons, medulla oblongata and lumbal part of the spinal cord for histopathological examination. The sections of tissue were fixed in 10% formalin, embedded in parafin and stained with H. E. The changes were especially confined to the grey matter of the pons and the medulla oblongata. The principal microscopic lesions consisted of focal or diffuse neuronal degeneration with single or multiple vacuoles in the cytoplasm (Fig. 1a, b). The vacuoles varied in size, from small to very large, therefore some neurons were enlarged. The vacuoles pressed upon the nuclei so that they could hardly be seen, until finally the cells reached the stage of disintegration. Some of them showed partial or total chromatolysis and pycnosis. In addition to these changes certain neurons with excentric nuclei could be seen and the whole cytoplasm was transformed into a granular eosinophylic mass- tigrolysis. In most cases among the neurons the cerebral tissue had a spongious appearance (Fig. 1c). As a characteristic feature of the disease we found more or less a proliferation of the astrocytic cells, so called astrocytic gliosis (Figure 1d).

In the next three months we checked the diagnosis several times. These sheep were from 2—5 years old, only one of them was under 2 years of age (18 months). For two months after that, there were no new cases of this disease. However, knowing the true nature of the disease we expected that it would appear again. At that moment we proposed slaughter of all sheep older than 18 months together with their progeny. The remainder of the young flock was removed to a new, completely isolated farm a hundred kilometers far from the former. At the same time all traffic, purchase and selling of sheep was forbidden and the severest measures of control were imposed on the flock. Seven months later new cases of the disease appeared again. The only thing that could be done after that was to slaughter the whole flock of sheep.

DISCUSSION

Although scrapie has been registered in many European countries, we came across it for the first time in 1984. The spreading of scrapie to countries free from the disease most often occurs by importing animals from countries in which the disease is well known. It is also known that controlling this disease is very difficult, almost impossible, because of the long lasting incubation period, the absence of an immunological response and the lack of any specific diagnostic method for confirming it in live animals. Diagnosis is possible only after an outbreak of the disease, on the basis of clinical signs, histopathological examination of the central nervous system and biological tests.

In our diseased sheep we noticed almost all the typical signs of scrapie although not always with equal intensity in all cases. On the other hand

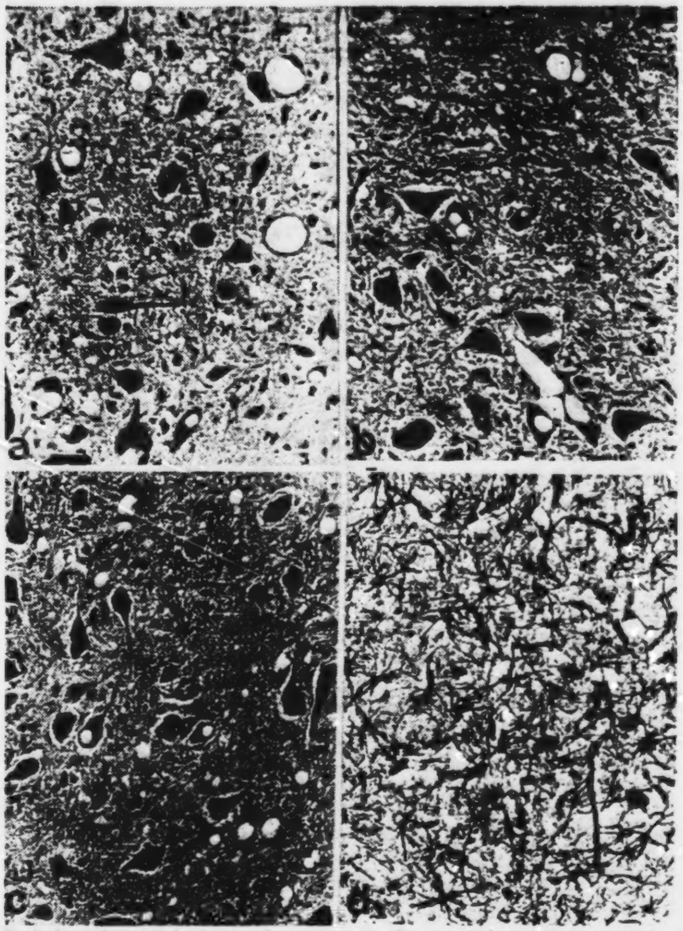


Figure 1. Pathohistological lesions of scrapie in the central nervous system: a. degeneration and vacuolation of neurons in the pons (HE), b. multilocular neuronal vacuoles in the medulla oblongata (HE), c. vacuolation of neuropil and intraneuronal vacuoles in the medulla oblongata (HE), d. astrocytosis in the superior colliculus (Cajal's gold sublimate).

the course of the disease was probably somewhat shorter than usual. Some authors (Dickinson 1976., Kimberlin 1981b) stated that some clinical signs might not show, which, together with the long duration of the disease, depends on the breed of sheep and the strain of the causal agent.

Our histopathological findings are almost the same as those cited by many authors (Fraser 1976, 1979a, b, Hadlow et al. 1980, Mackenzie 1984.). Some authors found perivascular agglomeration of amyloid (Bruce 1985), and some observed inclusionlike bodies in the neurons (Zlotnik and Stamp 1961), but we did not. It is well known (Zlotnik and Rennie 1958) that single vacuoles, can be found occasionally in the neurons of healthy sheep but that is not of any diagnostic importance. It is also possible to produce the disease experimentally in sheep and some experimental animals such as mice and hamsters, but this method, because of the long incubation period, is also not of importance in routine diagnosis.

One of the most important questions is what to do when the disease appears. The struggle against scrapie is very difficult because all aspects of the disease are not completely known and it represents a great threat to the flocks of sheep in one country. For example, some data concerning Great Britain state that damage from scrapie amounts to 15 million pounds per year. Having all this in mind it would be most efficient to slaughter the whole flock of diseased sheep as well as all the other sheeep which had been in contact with the diseased ones. Pastures and sheep pens should also be abandoned, which is very important. The experience of Iceland (Palsson 1979) states that habitation on contaminated pastures brings about a new outbreak of the disease even after 3 years. The efficiency of the above stated method has been proved by the successful eradication of the discease in Australia and New Zealand (Kimberlin 1983).

In areas where scrapie is widespread (endemic scrapie) the struggle against it is more complex and less successful.

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/9274
CSO: 5400/3020

CORRIDOR DISEASE RESURFACES IN SOUTHERN PROVINCE

Lusaka ZAMBIA DAILY MAIL in English 17 May 86 p 3

[Text]

CORRIDOR disease has resurfaced in the Southern Province and has claimed more than 300 head of cattle in Chief Sekute's area, Kalomo district governor, Mr Jonathan Singombe said in an interview yesterday.

Mr Singombe who has just completed a tour of Kazungula area west of Livingstone, told the Mail that cattle deaths were high because people in Chief Sekute area had no dip tanks.

He appealed to the Department of Veterinary and Tsetse Control to send officers to the area to assess the seriousness of the disease and offer professional advice to villagers.

Mr Singombe said the areas affected were Kachabula, Ngweze, and Sikaunzwe about 100 kilometres from Livingstone district.

The governor also appealed to officers from the Department of National Parks and Wildlife Services to send officers to Chief Sekute's area to scare away elephants which were destroying crops in the area.

Many villagers had resnded well to calls for increased crop production and had gone flat out to plant sorghum and maize donated by the government.

"But their efforts have been frustrated by the appearance of elephants which have destroyed most of the crops in the area," he said.

Mr Songombe said officers from the Department of Wildlife should not wait until villagers donate transport or fuel for them to travel to the area, but they should find ways of travelling to the affected areas on their own.

He said he will this year ensure that all officers from the Ministries of Agriculture and Water Development, General education, and Culture and the Department of Social Development leave their offices to monitor the agricultural activities on main areas.

"It will be the duty of government officers to ensure that the brewing of illicit beer is discouraged during the next farming season," he said.

He said it was embarrasing for a nation with vast land to import maize from other nations when there were able-bodied men in the country to produce enough maize for local consumption.

Mr Singombe said the National Agricultural and Marketing Board (NAMBOARD) and the Southern Province Cooperative Marketing Union (SPCMU) should deliver seeds to farmers on time.

Many people were interested in growing a variety of crops which would do well in their respective areas but were being frustrated by the two marketing organisations which failed to deliver the right seeds at the right time.

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CSO: 5400/133

PLANS TO CONTROL COTTON WORM REPORTED

Problem Discussed

Cairo THE EGYPTIAN GAZETTE in English 13 May 86 p 2

[Text]

DR. Youssef Wali, Deputy Prime Minister and Minister of Agriculture, yesterday said that the number of cotton worm egg patches per feddan is very high this year and is expected be twice the number of last year. Dr. Wali urged farmers to inspect their fields during Ramadan in order to start the manual destruction of eggs as soon as the patches are discovered.

While inspecting the cotton worm combating procedures in Fayyum Governorate, Dr. Wali also said that the Cabinet had agreed to cultivate 1,058,000 feddans with cotton this year, and that the targeted figure has been fulfilled.

Farmers will not pay more than LE 18 per feddan for the subsidised cotton-worm combatting operations, which costs the government about LE 100 per feddan, Dr. Wali pointed out. — GSS

New Combat Procedures

Cairo THE EGYPTIAN GAZETTE in English 23 May 86 p 2

[Text]

THE Deputy Prime Minister and Minister of Agriculture, Dr. Youssef Wali, yesterday inspected the cotton-worm combat procedures in Sharkia and Dakahlia governorates. He sid that 50,000 feddans cultivated with cotton in the Delta will be treated with a special material that causes sterility of male butterflies which become unable to fertilise the eggs laid by the females, thus stopping the life-cycle of the worm. If this experiment proves successful it will be applied in the various governorates, he pointed out.

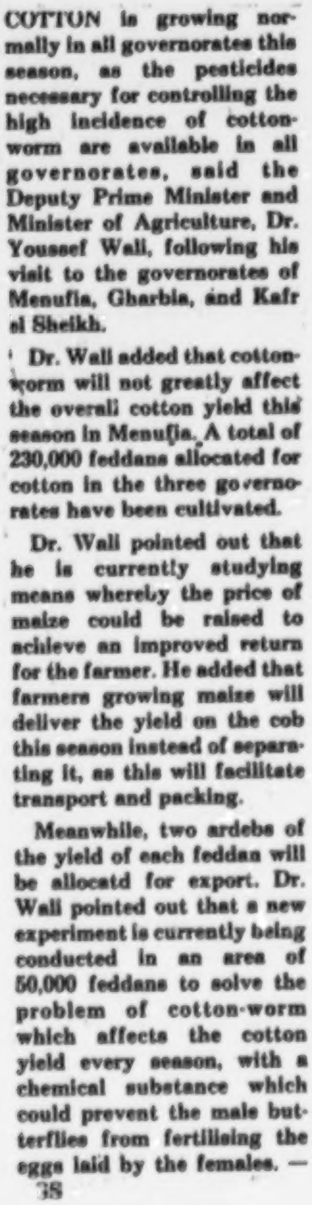
He also said that insecticides are available in all agricultural cooperative societies, and that the Ministry of Agriculture has prepared the planes which will be used to spray insecticides over cotton fields.

The incidence of cotton-worm egg patches in Sharkia Governorate is less than in Fayyum Governorate, said Dr. Wali, adding that the manual combat groups, numbering 9,000, have already started working in Sharkia and Dakahlia where 300,000 feddans are cultivated with cotton. — GSS

Minister Claims Situation Under Control

Cairo THE EGYPTIAN GAZETTE in English 27 May 86 p 2

[Text]



COTTON is growing normally in all governorates this season, as the pesticides necessary for controlling the high incidence of cotton-worm are available in all governorates, said the Deputy Prime Minister and Minister of Agriculture, Dr. Youssef Wali, following his visit to the governorates of Menufia, Gharbia, and Kafr el Sheikh.

Dr. Wali added that cotton-worm will not greatly affect the overall cotton yield this season in Menufia. A total of 230,000 feddans allocated for cotton in the three governorates have been cultivated.

Dr. Wali pointed out that he is currently studying means whereby the price of maize could be raised to achieve an improved return for the farmer. He added that farmers growing maize will deliver the yield on the cob this season instead of separating it, as this will facilitate transport and packing.

Meanwhile, two ardebs of the yield of each feddan will be allocatd for export. Dr. Wali pointed out that a new experiment is currently being conducted in an area of 50,000 feddans to solve the problem of cotton-worm which affects the cotton yield every season, with a chemical substance which could prevent the male butterflies from fertilising the eggs laid by the females. — 38

/9274
CSO: 5400/4605

PLAGUE OF LOCUSTS 'CHECKED FOR NOW'

Johannesburg THE STAR in English 23 May 86 p 5

[Article by Don Holliday]

[Text] The brown locust swarms which plagued large areas of South Africa this year were "pretty much things of the past" — at least for the moment, a spokesman for the Department of Agriculture, Economics and Marketing said yesterday.

Mr Thys Heyns, of the department's soil protection division, said the scattered swarms reported in the Dwaalboom area between Rustenburg and Thabazimbi were not of major significance.

No hatching was expected during the cold, dry winter months, but given favourable conditions next spring the situation could worsen.

A conference to discuss possible plans of action against the voracious insects was scheduled to take place in De Aar on June 29 and June 30.

PLENTY OF EGGS

"You can rest assured that these blighters laid plenty of eggs," he said.

He had no knowledge of reported plans by the United Nations' Food and Agricultural Organisation to assist South Africa and its neighbours in fighting "the worst locust invasion in 60 years."

Brown locusts were synonymous with the history of the country.

"Reports of brown locust swarms date back to 1656, when a Cape Flats farmer complained of crops damaged," he said.

"The situation could be termed out of control if they continued to spread and started breeding in new and different areas."

This year's invasion affected between 30 and 35 million ha of land — roughly one-third of the country, he said.

It cost about R30 to spray one hectare with insecticide, but this was only done when the locusts were present in very high concentrations.

Efforts to combat the swarms were made difficult by the fact that up to 50 percent of the farms in the Karoo — the brown locust's natural habitat — were unoccupied and the presence of the swarms went undetected.

VIGILANCE

He called for greater vigilance and regular inspections to ensure their early detection.

Favourable climatic conditions in breeding areas had led to as many as four generations of locusts operating this year.

The average female laid between 20 and 80 eggs at a time, usually three times a year.

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CSO: 5400/130

BRIEFS

THAI BINH RICE PESTS--More than 40,000 hectares of spring rice--half of the rice acreage in Thai Binh, a major rice-growing province in northern Vietnam--are being subjected to crop pests. Thanks to the local administration's and people's efforts, about 5,000 hectares have been saved. Efforts have been made to limit the losses caused by crop pests in the province. [Text] [Hanoi International Service in English 1000 GMT 7 Jun 86 BK] /6662

CSO: 5400/4384

END